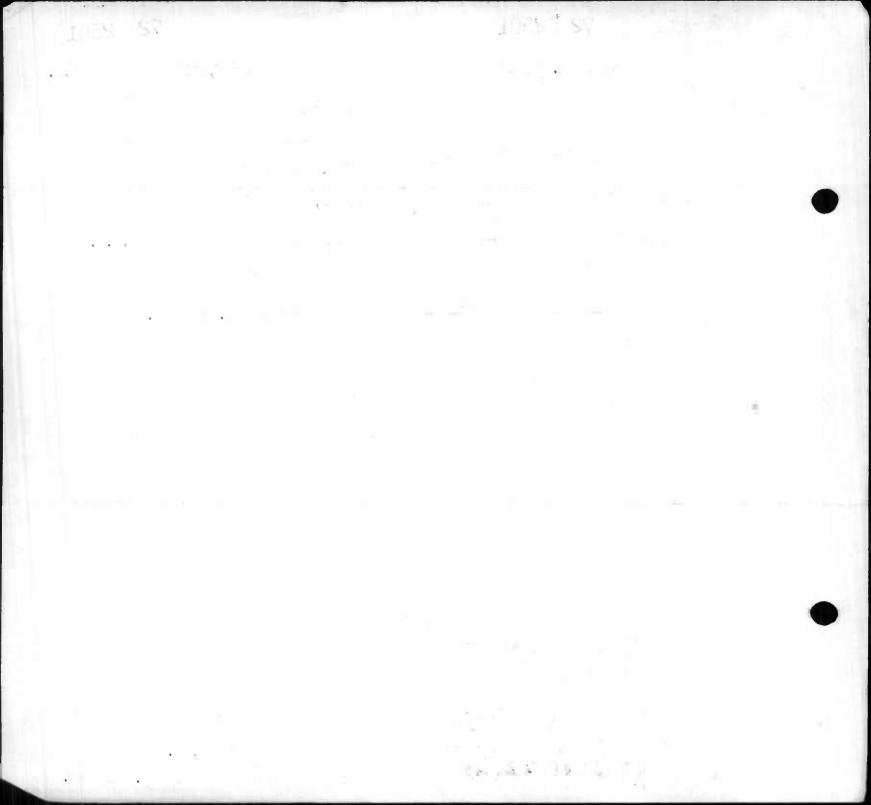
## FUNERAL DIRECTOR: IMPORTANT

the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

	652 TH NO.	72 0	2501		HEALTH DEPARTMENT	REG. NO.	72 02501
	Pe or Print)	Just 1 4	Byrnes			March 9, 1972	8 A.M
3.	PLACE IN BALT	IMORE MARYLAND, W	HERE PRONO	UNCED DEAD			nstitution: residence before admission)
FU HC	LL NAME OF	(IF NOT IN HOSPIT,	AL OR INSTIT	UTION, GIVE STREET	Maryland C. CITY OR TOWN		SIDE CITY LIMITS?
	90	Harbor View	Nursing	r Home	Baltimore E. STREET AND NUMBER 48 E. Fort A		YES NO
5. \$	Female	White	WIDOWED		June 16, 1888	9. AGE (In years last birthdoy)	If Under 1 Ye, If Under 24 Hrs. Months Doys Hours Min.
don	e during most al w	PATION (Give kind of work orking life, even if refired) Sewife	10B. KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or to		12. CITIZEN OF WHAT COUNTRY!
13.	FATHER'S NAN	per Haas			(atherine Ho		0.00
15, Yes	Was Deceased s, no or unknown)	Ever in U. S. Armed Fore	s of service)	16. SOCIAL SECURITY NO. 212-22-2930	17. INFORMANT  Helen Wroter	r 48 E.Fort A	Address
	(This does no	OR CONDITION DIR EADING TO DEATH It mean the mode of	dvina. e.a	(A) IMMEDIATE CAU	Condina		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	injury ar comp	isthenio, etc. It means dication which coused NTECEDENT CAUSES	death.)		M.S.C.U.	D	7
	rise to the	R CONDITIONS, il abave cause (A) CONDITION last.		(c) OR AS	A CONSEQUENCE OF:	Sendit	7
1	TO THE DEATH DISEASE OR CO	II CANT CONDITIONS COM BUT NOT RELATED TO THE NDITION GIVEN IN PART	IE TERMINAL	Feli	izophrei	iie	7
ERTIFIC	DAL DATE OF	OPERATION 198 CONI WAS PERF	ORMED	WHICH OPERATION	20% AUTOPSY? (Yes or	No. 208, IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED LUSES OF DEATH?
U	21 A. ACCIDENT OR CONTRIBUT DEATH (notify i	WAS UNDERLYING THE CAUSE OF medical examined	21 B. hom etc.l	e, farm, factory, street, of	n or obout 21 C. WHERE DID	(II In Bolitmon	re City, give exoci locotion)
0	21D.TIME OF INJURY (APPROXI	(Month) (Doy) (Yeor)		INJURY OCCURRED  Ile Al	21F. HOW DID II	NURY OCCUR?	
) I I		hat (1) (t <del>his hospit</del> al) ast saw the decease		he deceased from			nian death accurred on the date
	23A. SIGNATUR	Krulei	ed abave. (1	21.1	nding Med.	Shaff Phys.	23R DATE SIGNED
	23C. PHYSICIAN NAME (Ty	Kinneth	Kruler	vita Morre	115 W. M	germent	t ST. BALLO, MI
	BURIAL CREM REMOVAL (Sp Burial	8/13/72	Ho.	Ly (ross (emer	Leru.	Baltimone Md	ily, town, or county) (State)
		972 Wase & E	25 NAME O	FREGISTRAR ()	AZOG PUNERAL DIRECTO	OR -	30 E. Fort Ave.



D.O.A.

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small Right proumot TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 119B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No.) WAS PERFORMED 21 A. A CCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF

208, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21 B. PLACE OF INJURY (e.g., in or about 21 C. WHERE DID (Il In Boltimore City, give exoct location! home, form, foctory, street, affice bldg, INJURY OCCUR?

(Month) (Doy) (Year) (Hour) 21E INJURY OCCURRED Not While While At Work

21F. HOW DID INJURY OCCUR?

(APPROXI 22. Poertify that (1)((this haspital) attended the deceased from

that (1) (we) last saw the deceased olive on... and that h (my) (our) apinian death occurred an the date and hour and from the couses stated abave. (1) (We) (dld) (dld not) view the body ofter death.

23A. SIGNATURE 23 C. PHYSICIAN'S

Attending | 23D. ADDRESS Director

THE DATE 24C. NAME OF CEMETERY OF CREMATORY REMOVAL (Specify)

24D. LOCATION

(City, town,

Glen Haven Memorial Park

55B. DAME OF REGISTRAR

VS 150-REV. 1/1/68

NAME (Type)

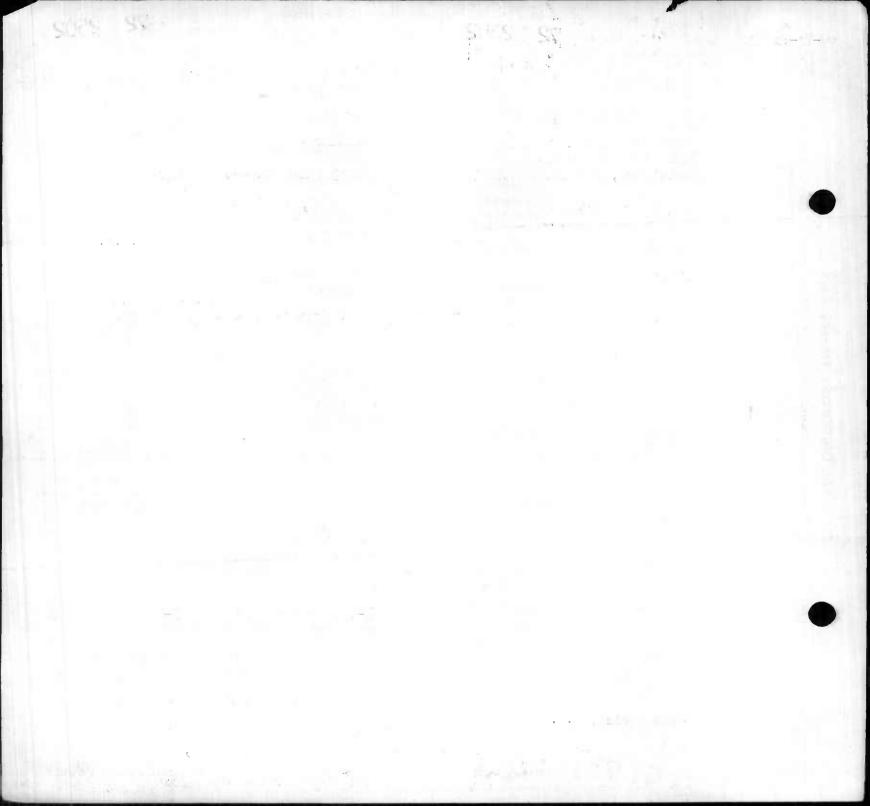
25A. DATE REC'D BY HEALTH DEPT

MEDICAL

OF INJURY

DEATH Inotify medical examined

Funeral Home



ed th	oh do	
D O O	Su	1
is approved by the chief medical examiner or his assistant if death occurred in a hospital and d to the hospital by a medical examiner. Also, if the direct or contributing cause of death tof any nature: (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	٥٠.	
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this corrificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and he body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death howe: (1) An accident of any nature: (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the faceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.	
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444	> 0 5	

BALTIMORE CITY HEALTH DEPARTMENT REG. NO. CERTIFICATE OF DEATH I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) Miller, William S
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 0 11:30 4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) Maryland HOSPITAL OR C. CITY OR TOWN D. INSIDE CITY LIMITS? 21224 NOF Reltimore Baltimore City Hospitals E. STREET AND NUMBER 4940 Eastern Avenue 6304 Cardiff 5. SEX 6. RACE & DATE OF BIRTH 9. AGE (In years If Under 1 Ye, Il Under 24 Hrs. Months! Doys Hours Min. 7. MARRIED X NEVER MARRIED lost birthdoy WIDOWED DIVORCED 130/06 Male Caucasian 10A, USUAL OCCUPATION (Give kind of working), KIND OF BUSINESS OR INDUSTRY 11a, BIRTHPLACE (Stole of foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even If refired) RETAIL CLERK PRODUCE FOOD Mass. 13. FATHER'S NAME 4. MOTHER'S MAIDEN NAME GRAVES 15. Was Deceased Ever in U. S. Armed Forces?
(Yes, no of unknown) (If yes, give wor or doles of service) MILLIER Jennie 7. INFORMANT 6. SOCIAL SECURITY NO. 18569N BCH Records - 4940 Eastern Avenue CAUSE OF DEATH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) IMMEDIATE CAUSE (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO, OR AS A CONSEQUENCE OF: ANTECEDENT CAUSES (B) DUE TO, OR AS A CONSEQUENCE OF: DISEASES OR CONDITIONS, If any, giving rise to the above cause (A) stating the UNDERLYING CONDITION lost OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A-DATE OF OPERATION 198 CONDITION FOR WHICH OPERATION WAS PERFORMED 20A AUTOPSY? (Yes of No.) 208. IP YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 218 PLACE OF INJURY (e.g., in or about 21C, WHERE DID home, farm, factory, street, office bldg., INJURY OCCUR? 21A. A CCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF If in Boltimore City, give exect location DEATH (notify medical examined OF INJURY 21E INJURY OCCURRED 21f. HOW DID INJURY OCCUR? (Month) (Doy) (Year) (Houd Not While While At (APPROX.) Work At Work 22. I certify that (1) (this hospital) attended the deceased from. 19\_ ond that in (my) (our) opinion death accurred on the date that (1) (we) lost saw the deceased alive on. and hour and from the pauses stated above. (1) (We) (did) (did not) view the bady after death. 23A. SIGNATURE 23B DATE SIGNED Attending Phys. Director L Phys. 23C. PHYSICIAN'S NAME (Typel 23D. ADDRESS Baltimore City Hospitals 4940 Eastern Avenue M.D. 24A. SURIAL CREMATION, 248. DATE DEGREE 24C, NAME OF CHMETERY OF CREMATORY 24D. LOCATION REMOVAL (Specify) LOUDEN 258. NAME OF REGISTRAR REC'D BY HEALTH DEPT. VS 150-REV. 1/1/68

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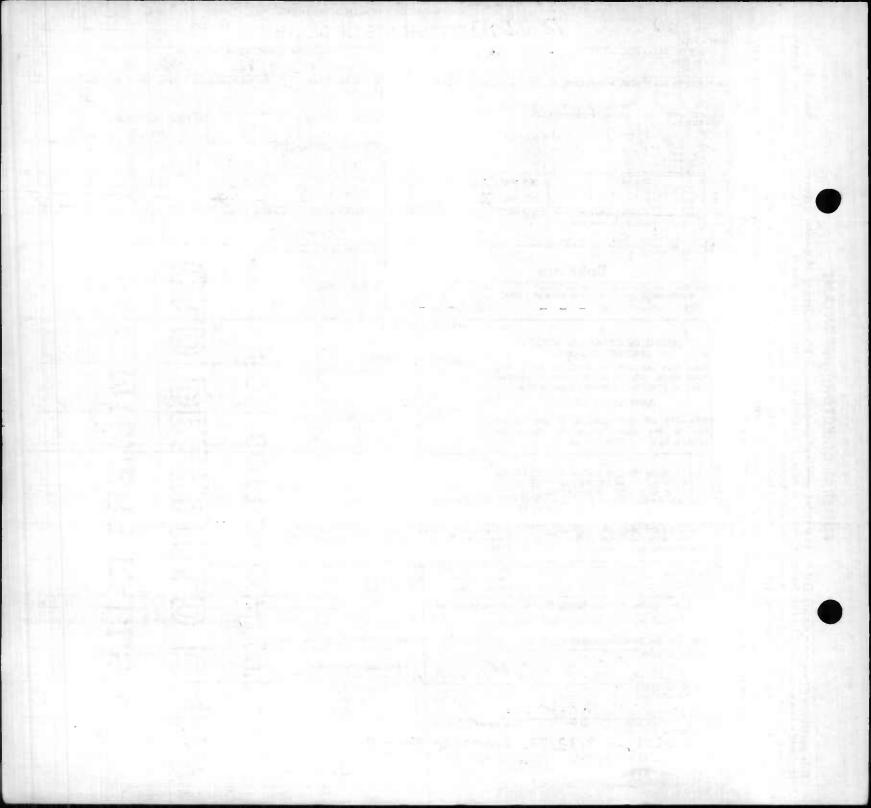
## S-362 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

BIR	TH NO.		MILLO	10/12		Will TERCO			- 01	00,	REG	. NO			
1. NAME OF DECEASED					2. DATE	Kna	wn DX	Month	Do	У	Year	Hour			
(Тур	e or Print)		THELMA	STOW	ERS		OF DEATH	Estle	moted 🔲	Mar	ch 8,	197	2	8:59	P
4. P	LACE IN BALT	IMORE, MA	ARYLAND, W	HERE PR	ONOU	NCED DEAD	3. DATE			Manth	Do		Yeor	Hour '	- 141.
FULI	NAME OF					I, GIVE STREET		UNCED			ch 8,	197		8:59	M.
6	1 1	St. Ag	nes Hos	spital	l		A. STATE		lce (when	re deceased	B. COU	stitution: INTY	Howa:	rd	ion)
6. S	EX	7. RACE		B. MARRI	ED 🗍	NEVER MARRIED	C. CITY O	RTOWN	1		D. INS	IDE CIT	Y LIMITS?		
	Female	Wh	ite	WIDOW		DIVORCED		Colu	mbia			VE	s X	NO 🗆	
	ATE OF BIRTH		110 405 /	1		r 1 Yr. If Under 24 Hrs.	E. STREET					YES	, E	NO L	
	9-26-0		lost birthda	67	Months	Days Hours Min.		5471	Mars	shawk	Way,	Co	lombia	a, Md.	21045
11. 6	BIRTHPLACE (S					ZEN OF	13. FATHE	S'S NAM	AE .						
		Virgin				SAOUNTRY?				Cinder					
14A.	USUAL OCCU	PATION (GIV	e kind of work	14B. KIND	OF BU	SINESS OR INDUSTRY	15. MOTH	ER'S MA	IDEN NA	ME					
uone	during most of w	ired	en irretired)				Na	nnie	Wimn	er					
16.	WAS DECEASE	D EVER IN	U.S. ARMED	FORCES	? [17	. SOCIAL	IB. INFOR	MANT			-	AD	DRESS	2104	5
	NO ar unknawn)	(If yes, give	wor ar dates	of service)	:	228223644	Alma 1	Lee,	5471	Marsh	Hawk	Way		ombia,	Md.
	9.1/17	. 4				CAUSE OF DEA	TH							PROXIMATE IN	
		OR COND	OTTON DIRECT	CTLY		Arteriosc	leroti	c car	cdiova	ascula	ir dis	ease			
			mode of dy	ina, e.a.,		(A) IMMEDIATE C	AUSE	THENCE	OF:						
	heart failure,	osthenio, etc	. It meons the	diseose,		DOE 10, OK 1	AS A CONSE	ADEIACE	OF:				47 -		
	mory or com	pirculion win	cii cadada dec	,,											
		ITECEDENT				(B)									***************************************
	DISEASES O	AROVE CA	ONS, IF ANY	GIVING		DUE TO, OR	AS A CONS	QUENCE	E OF:						
_	UNDERLYIN	G CONDIT	ION LAST.			(c)									
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₹			II NDITIONS CO												
CERTIFICATION			GIVEN IN PA		NAL	****************									n 0-10 m 0-10 m m m o
R	20A. DATE OF	OPERATIO	N 20B. CON	IDITION F	OR WI	TICH OPERATION WA	S PERFOR	MED					21. AUTO	PSY? (Yes o	r No)
Ö	0												N	o	
7	22A. EXTERN	NAL CAUSE	WAS	12	22B. PLA	CE OF INJURY(e.g.,	in ar about	22C. WH	IERE DID	(If in Baltin	nare City, a	ive exac			
	UNDERLYING	OR CON	ITRIB-		nome, fo	irm, factory, street, office	e bldg., etc.)	INJURY	OCCUR?						
	22D. TIME (	Month) (	Day) (Year	) (Hour	'	INJURY OCCURRED		22F. HO	M DID IN	JURY OC	CUR?	× 11			
	(APPROX.)				m. WHI	LE AT NOT	WHILE ORK								
	23.	fy that I h	eld on	nguiry [	. 10	מלח	topsy 🔲	and	that on	this bosi	s, deoth i	in my o	ninion		
			lotural cau			ident Suicld		omicide			mined mo	_	7		
	163011	-	4	363 (2)	7	Iden: Soicid				EXAMINE		nner _	,		
	ACTUAL	(3/	10		1'	· 4					C			DATE SIGN	IED
	SIGNATU	IRE M	4/18-	10	m	m.D	. ASS	ISTANT /	MEDICAL	EXAMINE	R LX				
	EXAMINE NAME (T	ER'S ype)	Charle	s S.	Spri	ngate, M.D.	ASS	OCIATE !	MEDICAL	EXAMINE	R 📙	Mar	ch 9,	1972	
	BURIAL CREM	AATION,	24B. DATE	3		NAME of CEMETERY				LOCATIO			or county	(Stat	e)
	BURIAL		3-11-	72	F	ort Hill Me	morial	Park	ζ :	Lynchl	ourg,	Va.			
25A	DATE REC'D	BY HEALTH	DEPT.	25B. N	AME O	FREGISTRAR	25C.	FUNER A	AL DIRECT	OR			DRESS		
1	13	13/2	A 80.4	Made	les, à	Ed.	Ho	ward	HOH	ubbar	d 410	)7 Wi	ilkens	Ave.	21229

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FUNERAL DIRECTOR: IMPORTANT	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.
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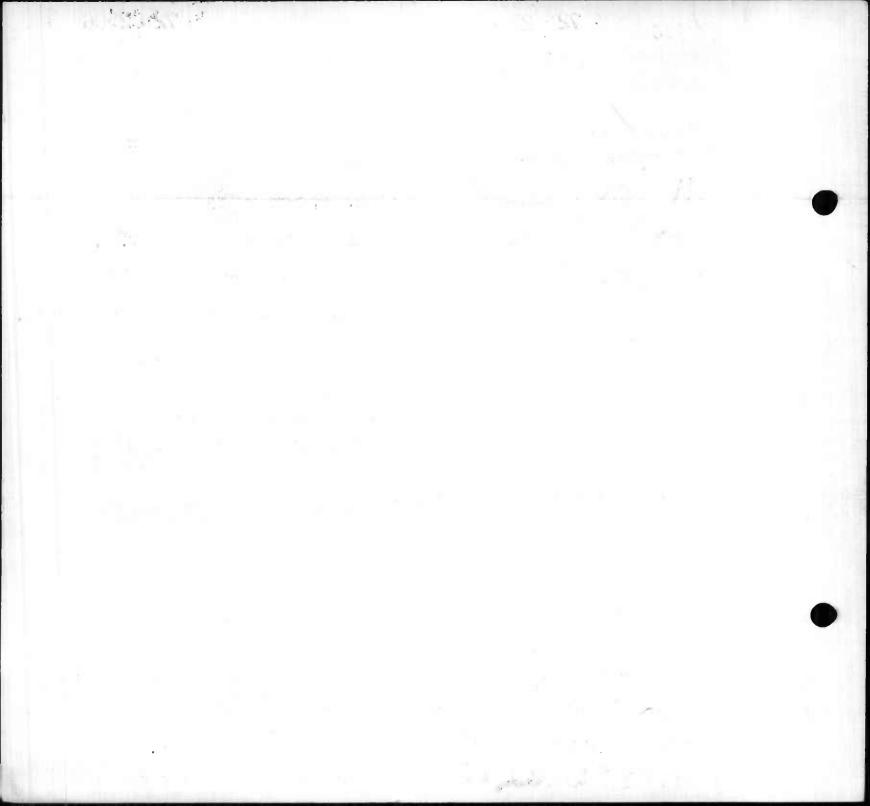
-		BALTIMORE CITY	HEALTH DEPARTMENT		72 (2505)				
	72 02	505 CERTIFICA		REG. NO.					
	po or Print) Seal, Barth	ah.	3 9112 J. S.M.						
3.	PLACE IN BALTIMORE, MARYLAND, WHERE PRO	NOUNCED DEAD	A. USUAL RESIDENCE INFO	ere deceased lived. If in	stitution: sesidence before admission)				
FU HC	LL NAME OF (IF NOT IN HOSPITAL OR INS	STITUTION, GIVE STREET	C. CITY OR TOWN		DE CITY LIMITS?				
,	Johns Hopkins Hogy	N	E. STREET AND NUMBER	re	YES NO				
	33		3939 100		٠.				
5,	Emale White WIDOW	ED DIVORCED	4/26/99	9. AGE (In years lost birthday)	Months Doys Hours Min.				
	USUAL OCCUPATION (Give kind of work 10B, KIND a during most of working Kin, even if refired)	OF BUSINESS OR INDUSTRY	Maryland		12. CITIZEN OF WHAT COUNTRY?				
13.	TATHER'S NAME Unknown		34. MOTHER'S MAJOEN NA Bertho	Bohlitz					
15. (Ye	Was Deceased Ever in U. S. Armed Forces? s,no or unknown) (If yes, give war or dates of service NO — — —	16 SOCIAL SECURITY NO. 214-16-543	5 Befy B	osley "	622 Surfside Au				
Апои	LEADING TO DEATH  (This does not mean the mode of dying, a heart failure, asthenia, etc. It means the disect injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, If any, gives to the above cause (A) stating UNDERLYING CONDITION last.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMIN	ing the (c) Juhn	A CONSEQUENCE OF:  A CONSEQUENCE OF:	to sgri	is 4 days				
ERTIFICA	DISEASE OR CONDITION GIVEN IN PART 1 (A).  19A-DATE OF OPERATION  19B-CONDITION FOWAS PERFORMED	DR WHICH OPERATION	20A. AUTOPSY? (Yes or F	No. 208, IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?				
CAL CE	21A. A CCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examine)	21& PLACE OF INJURY (a.g., i home, form, factory, street, o etc.)	n or about 21C. WHERE DID ffice bldg. INJURY OCCUR?	(If In Soltimor	e City, give exact location)				
MEDI	21 D. TIME (Month) (Doy) (Year) (Hour) OF INJURY (APPROX)	21E INJURY OCCURRED While At I Not While Work  Not Work	215. HOW DID IN	UURY OCCUR					
	22. I certify that (1) (this hospital) attended the deceased from								
		Lorraine Park	Cemetery B	altimore,					
1	A. DATE REC'D BY HEALTH DEPT.  258, NAA AAR 1 0 1872 R. S.	AL OF REGISTRAN	25C, FUNERAL DIRECTO	Luneral/	Home Son				



FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

H-400 72 U2506		HEALTH DEPARTMENT TE OF DEATH	× REG. NO. 7	2 02506			
1. NAME OF DECEASED (Type or Print)  3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCE	L AM	IKTIVCE 3.	NO HOUR OF DEATH	- 1200 noon Pm.			
FULL NAME OF HOSPITAL OR INSTITUTION ADDRESS OR LOCATION) INSTITUTION INSTITUTION INSTITUTION INSTITUTION INSTITUTION		A. STATE  MD  Dorchester  C. CITY OR TOWN  Cambridge  D. INSIDE CITY LIMITS?  YES  NO					
Green Street Boltimore MD	1	E. STREET AND NUMBER 302 Somerset	Ave				
S. SEX 6. RACE 7. MARRIED 7. WIDOWED 7. WIDOWED 7.	DIVORCED .	8. DATE OF BIRTH Jan. 29, 1907	9. AGE (In years last birthday)	II Under 1 Yr. II Under 24 Hrs. Months: Days Hours Min.			
10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUS done during most of working life, even if refired)  Barber  Self	INESS OR INDUSTRY	11. BIRTHPLACE (State or for		12. CITIZEN OF WHAT COUNTRY?			
13. FATHER'S NAME		14. MOTHER'S MAIDEN NA					
Trving haley		Daisy Ross I	Inley				
	SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS			
unknown			leley 302 So	merset Ave Cambr.			
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	CAUSE OF DEATH	Shock.	Vri vers	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH			
(This does not mean the made of dying, e.g., heart laiture, asthenia, etc. It means the disease, injury ar complication which caused death.)  ANTECEDENT CAUSES	mraa	CONSEQUENCE OF:	leeving	Eilan by Pass			
DISEASES OR CONDITIONS, il any, giving rise to the abave cause (A) staling the UNDERLYING CONDITION last.	(c) DUE TO, OR AS	LOMINAL 7	torfic of	yeyrism			
O THER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	*******************	***************************************	Kil	muced.			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  19A. DATE OF OPERATION 19B. CONDITION FOR WHICH WAS PERFORMED  21A. ACCIDENT WAS UNDERLYING 21B. PLAC		20 A. AUTOPSYZ (Yes or N	1 ( )	NDINGS CONSIDERED SES OF DEATH?			
✓ DEATH (notify medical examine) home, for	m, factory, streat, affi	or about 21C, WHERE DID	(li In Balilmare	City, give exact location)			
OF INJURY (APPROX.)  CONTROL OF INJURY (APPROX.)  CONTROL OF INJURY (APPROX.)  CONTROL OF INJURY (APPROX.)	Not While Al Work	21F. HOW DID IN.	URY OCCUR?				
22. I certify that (1) (this hospital) attended the dethat (1) (we) last saw the deceased alive an	ceased from		19ta lat in(gly) (aur) apin	lan death accurred an the date			
and have and from the courses stated above. (N) (We	) (did) (did not) vi			23B. DATE SIGNED			
theal gweets	DEGREE Phys.	ding Med. Director	Staff Phys.	2.7.7			
23C. PHYSICIANS BILAL QURE	SH DEGREE	University	X Koshifal	AGMA UN TO			
KEMOVAL (Specify)	I CEMETERY OF CREA		,	, tawn, ar caunty) (State)			
Burial 3/11/72 Cambrid SA. DATE REC'D BY HEALTH DEPT.   258. NAME OF REC	de Cemeter	2SC. FUNERAL DIRECTOR	bridge Do				
MARIS 1972 PARIS LA KA	2		fred Home C	ambrid e MD			



BALTIMORE CITY HE	ALTH DEPARTMENT	72 (2507
H-235 MEDICAL EXAMINER'S		
1. NAME OF DECEASED (Type or Print) DONATD TAMES ITASETINGS	2. DATE Known Month	Doy Yeor Hour
DOMATO DAMES HASITINGS	DEATH Estimoted 4	8 72 10:35 AM
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	3. DATE Month PRONOUNCED DEAD March	1 8,1972 Yeor Hour 1 8,1972 10:35 Am
POLICE BOAT GAITHER	5. USUAL RESIDENCE (Where deceosed li	ved. If institution: residence before odmission)  B. COUNTY
800 Blk. Lancaster Street	Maryland	1358
6. SEX 7. RACE B. MARRIED NEVER MARRIED	C. CITY OR TOWN	D. INSIDE CITY LIMITS?
Male White WIDOWED ☐ DIVORCED ☐	Baltimore	YES 🔀 NO 🗌
9. DATE OF BIRTH 10. AGE (In years If Under 1 Yr. If Under 24 Hrs. Months, Doys, Hours, Min.	E. STREET AND NUMBER	
Hug. 6, 1936 35	2067 Rockrose Avenue	
11. BIRTMPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNTRY?	13. FATHER'S NAME	
DISTRICT of Columbia 11.3.A.	KALPH HASTINGS	
14A. USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTR		
Body & Fender Repair Self-Employed	UNKNOWN	
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no grunknown)((If yes, give wor or dates of service)  SECURITY NO.	IB. INFORMANT	ADDRESS
Ves 17 MAY 56 2/2-34-25/7	- DUNKIN Miller - 5	78 E. 25 TG ST.
CAUSE OF DEA	АТН	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY Drowning	ng	
LEADING TO DEATH		
(This does not mean the mode of dying, e.g., heart lailure, asthenia, etc. li means the disease, injury or complication which caused death.)	AS A CONSEQUENCE OF:	
ANTECEDENT CAUSES  (B)  DISEASES OF CONDITIONS IS ANY CIVING	AS A CONSEQUENCE OF:	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
RISE TO THE ABOVE CAUSE (A) STATING THE		
UNDERLYING CONDITION LAST. (C)	************	~~~~~
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		
OF CO		
DISEASE OR CONDITION GIVEN IN PART 1 (A).  20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W	AS PERFORMED	21. AUTOPSY? (Yes or No)
0 7	TER ORNIE	
₹ 22A. EXTERNAL CAUSE WAS   22B. PLACE OF INJURY(e.g.	in or obout 22C. WHERE DID (If in Boltimo	yes yes
UNDERLYING OR CONTRIB- home, form, foctory, street, offi	ce bldg., etc.) INJURY OCCUR?	10
UTING ☐ CAUSE OF DEATH.  WATER  22D. TIME (Monih) (Doy) (Yeor) (Hour) 22E.INJURY OCCURRED	5 2900 Blk. Falls	
OF INJURY	T WHITE	
23.	WORK Drowning	
I certify that I held on Inquiry Inspection A	stapsy X and that an this basis,	death in my apinian
resulted fram: Natural causes Accident & Suici	de Homicide Undetermi	ned monner
1) 101/1/	CHIEF MEDICAL EXAMINER	
ACTUAL COLD MULTINES	ASSISTANT MEDICAL EXAMINER	DATE SIGNED
EXAMINER'S Ronald N. Kornblum, M. D.	ASSOCIATE MEDICAL EXAMINER	□ 3/8/72
NAME (Type)	A STATE WEST OF ETG WILL TELE	_ 3/3/12
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY REMOVAL (Specify)	or CREMATORY 24D. LOCATION	(City, town, or county) (Stote)
Cremation 3-10-72 Dreenmont	Cemetery Bartin	nece Md.
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS
MAR 13 1972 ( What & Jahr Wit O O	1 DONOVAD FONERA	Home 3818 Repulded
VS 151-REV. 1/1/6B N 99 4.1	1	

AND 6 1936 Dominer of Edwindows U.S.A. France Amstronia July Freder Byrne Saff Engloyed YES 17 MAY ST. 21-34-192 DENETH KING-508 E 15 46 ST 3-10-72 Bradenit Courtery Barrene Ped Cremetred CALLERY PROJECT FRANKLING TON RESERVE

24C. NAME of CEMETERY or CREMATORY

Arbutus Mem Park

25C. FUNERAL DIRECTOR

25B. NAME OF REGISTRAR

24D. LOCATION (City, town, or caunty)

Adelphus Halstead 1206 W

**ADDRESS** 

worth Ave

VS 151-REV. 1/1/68

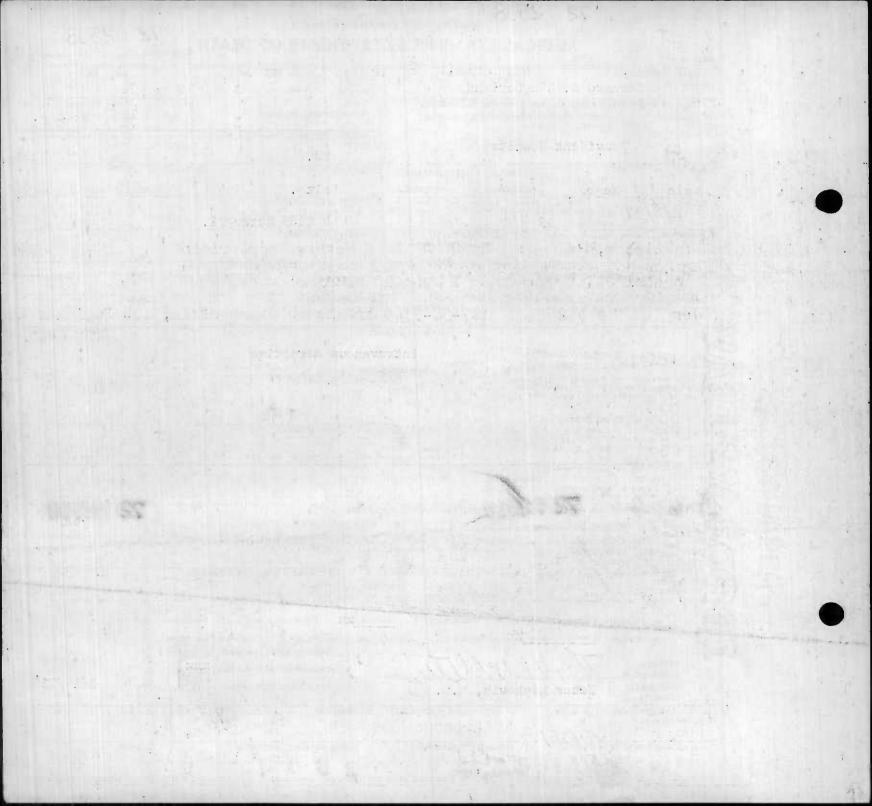
REMOVAL (Specify)

Burial

24A. BURIAL CREMATION.

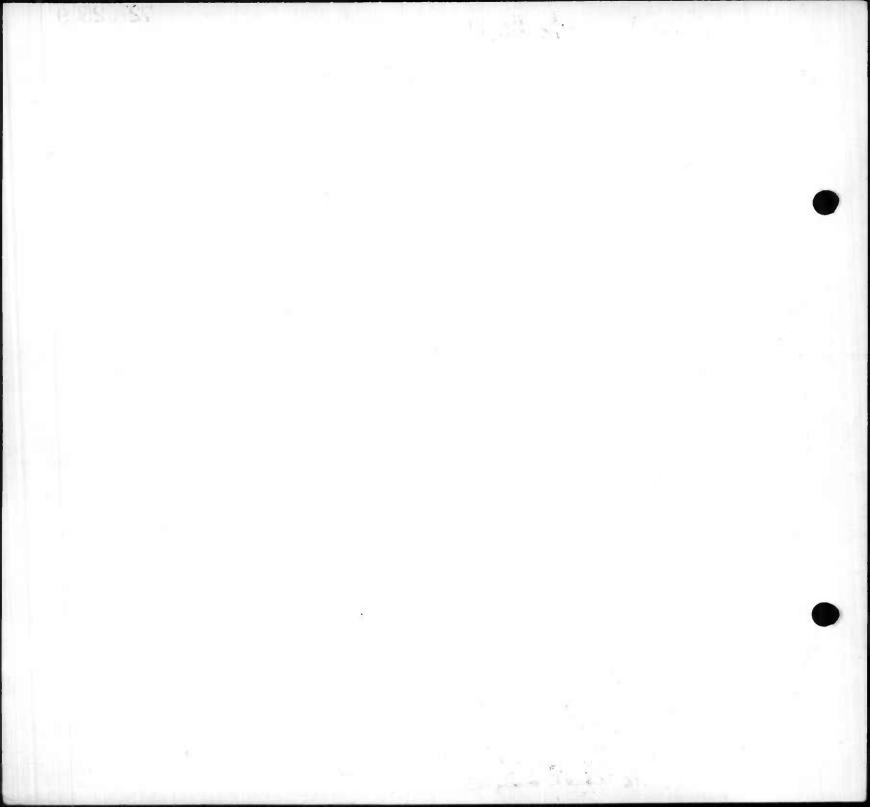
25A. DATE REC'D BY HEALTH DEPT.

24B, DATE



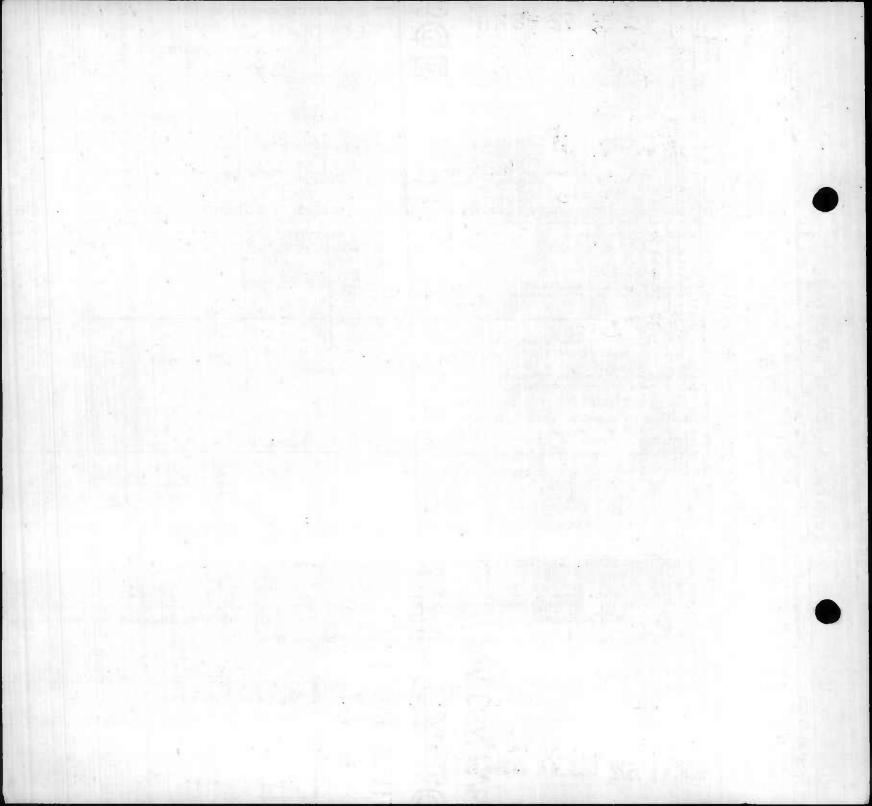
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.
--

	h 122 m 05	BALTIMORE CITY	HEALTH DEPARTMENT		72 02509
	5-620 72 02		TE OF DEATH	REG. NO.	
11	RTH NO. NAME OF DECEASED	CERTIFICA			
	PRISCOE,	JUR DERALVER	dina) 2. DATE A	MARCH	72, 900 p.
3.	PLACE IN BALTIMORE, MARYLAND, WHERE PR			ere deceased lived. If in	stitution: residence before admission)
FHI	JLL NAME OF (IF NOT IN HOSPITAL OR IN ADDRESS OR LOCATION)	ISTITUTION, GIVE STREET	MARYLAW C. CITY OR TOWN		TO, 1702
11	UNIV. OF MD HOSPITAZ		BMITO		YES NO
	38		E. STREET AND NUMBER	LLOH ST	
	/ WIDO	RIED NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH	9. AGE (in years lost birthdoy)	If Under 1 Tr. If Under 24 Hrs. Months Doys Hours Min.
do	A, USUAL OCCUPATION (Give kind of work 10B, KIN ne during most of working life, even if retired)	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or fore	ign country)	12. CITIZEN OF WHAT COUNTRY
_	HOUSE WIFE				usq
13.	FATHER'S NAME		14. MOTHER'S MAIDEN NA	ME	
L	PLUMMER LINCH				`
15. (Ye	Wos Deceased Ever in U. S. Armed Forces? es,no or unknown) (II yes, give wor or dotes of serv	1 6. SOCIAL SECURITY NO.	17. )NFORMANT		ADDRESS
	No		FATHER	- "	SAME
	1B. 427.9 4 303.	2 CAUSE OF DEATH	1		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OF CONDITION DIRECTLY LEADING TO DEATH		RETRANTON	ON INTERITO	
	(This does not mean the made of dving.	e.g., (A) IMMEDIATE CAU	SE REFRACTOM	CY VENTR	colony 27Ms.
	heart failure, as)henia, etc. 11 means the dise injury ar complication which caused death.)	ase,	TA	CHY CARDI	A
	ANTECEDENT CAUSES	(0)	? ETIOL BGY		
	DISEASES OR CONDITIONS, if any, gi	ving DUE TO, OR AS	A CONSEQUENCE OF:	*********************	******************************
	ise to the abave cause (A) stoting UNDERLYING CONDITION last.	(C)			
_	- 11				
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTI TO THE DEATH BUT NOT RELATED TO THE TERMIN DISEASE OR CONDITION GIVEN IN PART 1 (A).	VAL CHICON	IK ALCOHOL	1cm	
ERTIFIC	19A. DATE OF OPERATION 19B. CONDITION F WAS PERFORMED	OR WHICH OPERATION	20A. AUTOPST? (Yes or No	208, IF YES, WERE I	FINDINGS CONSIDERED USES OF DEATH?
CAL CI	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medico) exomined	21B. PLACE OF INJURY (e.g., in home, form, foctory, street, aff etc.)	ar about 21C. WHERE DID	(If In Boltimore	e City, give exoct lacotion)
MEDI	21D-TIME (Month) (Doy) (Year) (Hour)	21 E. INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
2	(APPROX)	While Al Not While At Work			
	22. I certify that (I) (this hospita) attend			1972 10	MARS 1972
	that (i) (we) last saw the deceased alive		3.		nion death occurred on the date
	and hour and from the causes stated abov	(i) (We) (dld) (dld not) vi			
	23A. SIGNATURE	1/10	. \ /	- Sy-	23B. DATE SIGNED
-	the memorin	GEGREE Phys		Staff Phys.	3/7/72
	23C. PHYSICIAM'S NAME (Type) MACK OWI	AK	UNIV. OF M	MD. HOS F	PITAL
24/	REMOVAL (Specify)	C. NAME OF CEMETERT OF CRE			y, town, or county) (Stote)
	Burial   3/13/72	M <sub>+</sub> Auburn C	emetry Ba	altimore,	Md
25	100	ME OF REGISTRAR	25C. FUNERAL DIRECTOR	1006	ADDRESS
	MAK 1 3 1972 USE 2 3 2	3 A B	A Halstea	d 1206 W	north A e
VS	150-REV. 1/1/68				



was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased

1 76 70 005	BALTIMORE CITY	HEALTH DEPARTMENT		12 (2910			
1-652 72 025	CERTIFICA	TE OF DEATH	REG. NO				
1. NAME OF DECEASED (Type or Print)		2. DATE AN	D HOUR OF DEATH	055			
JACK VILINKAR	>	3-4	-72	1 /30 A.M.			
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRO		4. USUAL RESIDENCE (Whe	re deceosed lived. If in	astitution: residence before admission)			
FULL NAME OF (IF NOT IN HOSPITAL OR IN HOSPITAL OR ADDRESS OR LOCATION)	SITUTION, GIVE STREET	C. CITY OR TOWN	D. INS	IDE CITY LIMITS?			
522 N Chapel Stre	o.+	BALTO		YES NO			
00	ec	E. STREET AND NUMBER	wel 5+.				
5. SEX 6. RACE 7. MARR	IED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	Il Under 1 Yr. Il Under 24 Hrs. Months: Days Hours Min.			
MALE NEGRO WIDOW		4-7-14	last birthdoy)	Within Day's Floors Will.			
10A, USUAL OCCUPATION (Give kind of work 10B, KIND done during most of working life, even if retired)	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fore	ign country)	12. CITIZEN OF WHAT COUNTRY?			
Some during most of working life, even it refired)		Washington Co	of Gennis	0.5.4			
13. FATHER'S NAME		14. MOTHER'S MAIDEN NA	ME				
Ollie Drinkand		Grann	y Dev.	nie .			
15, Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dotes of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS			
11.	259-10-9601	Pyla 10/d	Christ				
18. 2 / 2 7	CAUSE OF DEAT	1		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH			
DISEASE OR CONDITION DIRECTLY		He colo		BETWEEN ONSET AND DEATH			
LEADING TO DEATH	(A)IMMEDIATE CAL	ISES	- thrombombo	lie Irumediote			
(This does not mean the made of dying, heart failure, asthenia, etc. It means the dise		A CONSEQUENCE OF:					
injury ar complication which coused death.)	1/ 1-						
ANTECEDENT CAUSES	(B) HASC	A CONSEQUENCE OF:		Years			
DISEASES OR CONDITIONS, if any, given is to the above cause (A) stoling	11 #1						
UNDERLYING CONDITION last.	(c) Hyper	tension-Chron	ic - Uniconte	del years			
_ II							
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMIN							
A DISEASE OR CONDITION GIVEN IN PART 1 (A).		20 A. AUTOPSY? (Yes or N	OI 20B. IF YES. WERE	FINDINGS CONSIDERED			
19A. DATE OF OPERATION 19B. CONDITION F. WAS PERFORMED  21A. ACCIDENT WAS UNDERLYING		110	IN CERTIFYING CA	USES OF DEATH?			
U 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	21 B. PLACE OF INJURY (e.g., home, form, loctory, street, o	in or obout 21C. WHERE DID	(If In Boltimo	re City, give exoct location)			
DEATH (notify medical examiner)	etc.)	mice biog., INJOK! OCCOK!					
O 21 D. TIME (Month) (Doy) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID IN.	URY OCCUR?				
S (APPROX.)	While At Not Whi Work At Work	le 🗀					
22. I certify that (1) (this hospital) attende			19.72_to	2-15-1972,			
that (1) (we) last saw the deceased alive	71-17			nian death accurred an the dote			
and have and from the causes stated above	000	view the bady after deoth.					
23A. SIGNATURE		The budy direct decime		23 B. DATE SIGNED			
Walter Mallon Malloy M. D. Attending Med. Director Phys. Director Phys. D. 1/ March 1972							
23C. PHYSICIAN'S	DEGREE	23 D. ADDRESS					
WALTER NATHAN MA	LLOF M. D.	Вох 322 Јон	NS HOPKIN	S HOSPITAL			
24A. BURIAL CREMATION, 24B. DATE 240	DEGREE C. NAME of CEMETERY OF CR	EMATORY 24D. I	OCATION (C	ity, town, or county) (State)			
Birial 3/15/72	- 1 t- Auhumn (	lomot ny D.	altimana	N/a			
	e of recustrar	emetry B	altimore,	ADDRESS			
MAR 1 9 1972 UGG 4	May Mile	Adolphus		206 W North Ave			
VS 150-REV, 1/1/6B		1 MOTOTINO 1	TOTOCCAU 1	N OI UII AVE			



REMOVAL

25A. DATE REC'D BY HEALTH DEPT.

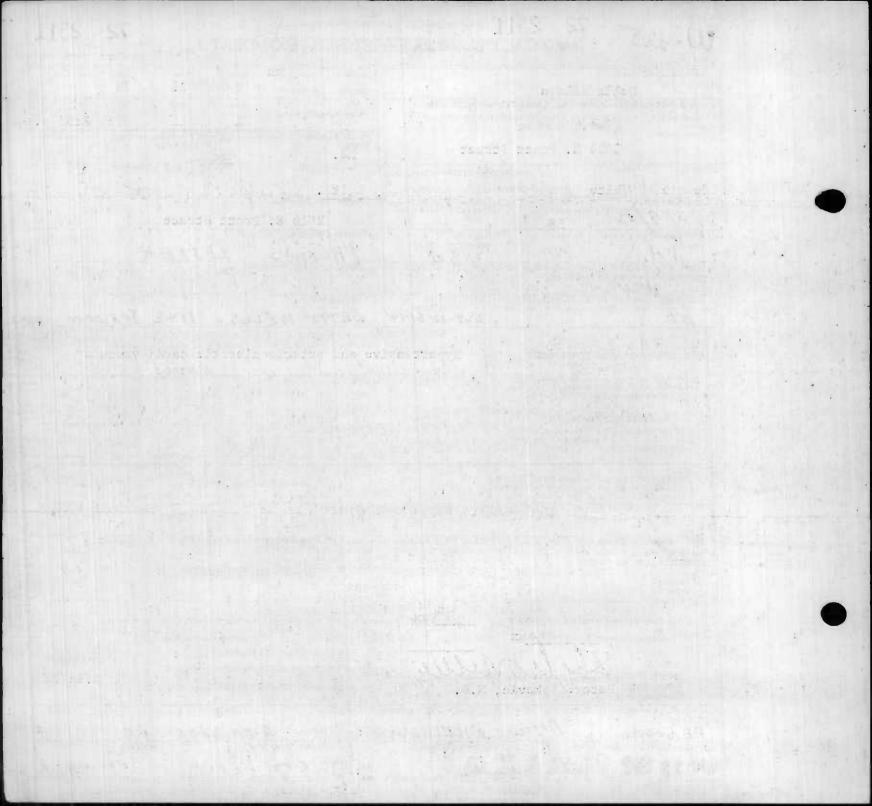
/12/72

RICHLANOS

25C. FUNERAL DIRECTOR

300 MACE

25B. NAME OF REGISTRAR



72 02512

BALTIMORE CITY HEALTH DEPARTMENT

B-30C	)	DICAL E	XAMINER'S C		OF DEAT	H REG. NO.	2 02	2512
. NAME OF DEC	CEASED MILTON JER	OME BEA	TTY	2. DATE Known OF DEATH Estimot	_	Doy	Year	Hour M.
ULL NAME OF	LTIMORE, MARYLAND, 1 (IF NOT IN HOSPIT ADDRESS OR LOCA	AL OR INSTITUTI		3. DATE PRONOUNCED DE	Month March	8, 1972	Yeor	6:40 A. M.
	Hutton Avenu Leakin Park	e and We	eatherville Rd	A. STATE Marylan	,	B COUNTY		efore odmission) rundel
Male	7. RACE White	1	NEVER MARRIED	c. CITY OR TOWN		D. INSIDE CIT		
DATE OF BIRT		1 44	nder 1 Yr. If Under 24 Hrs. ths, Doys, Hours, Min.	E. STREET AND NUM		YES		10 []
June 29,	Stote or foreign country)	12.	CITIZEN OF	612 Wood St	0			
	d.		WHAT COUNTRY? A	Ray, and M.				
one during most of	working life, even if retired)	~ · ~	BUSINESS OR INDUSTRY	Edith Win				
	(If yes, give wor or dotes		215 48 2007	1B. INFORMANT Raymond M.	Beattu 61	_	DRESS treet	21225
(This does in heart follure injury or con injury or con DISEASES RISE TO THE UNDERLY!!	SE OR CONDITION DIRI LEADING TO DEATH not meon the mode of d s, osthento, etc. It meons th mplicotion which coused de NTECEDENT CAUSES OR CONDITIONS, IF AN E ABOVE CAUSE (A) STA NG CONDITION LAST.  II NIFICANT CONDITIONS C ATH BUT NOT RELATED TO	ying, e.g., e diseose, roth.)  IY, GIVING ATING THE	(A) IMMEDIATE C DUE TO, OR A  (B)	Wounds of 1  AUSE S A CONSEQUENCE OF	:	chest		EN ONSET AND DEATH
DISEASE OF 20A. DATE O	R CONDITION GIVEN IN I	PART 1 (A). INDITION FOR	WHICH OPERATION WA		F DID (U. D. IV		ye	PSY? (Yes or No)
UNDERLYING UTING CA  22D. TIME OF INJURY	GMOR CONTRIB- GMOR CONTRIB- MUSE OF DEATH. (Month) (Doy) (Yea March 7-8,197	hom (Hour) 2	PLACE OF INJURY (e.g., e, form, foctory, street, office  Leakin Pa  222.INJURY OCCURRED  WHILE AT NOT  WORK AT AT W	rk Hutton	Ave. and on the political of the park	Weatherd		Road
	TURE Ronald	Who	Inspection Autocident Suicid	CHIEF MEI ASSISTANT ME	Undetermination of the state of	ned manner		DATE SIGNED
24A. BURIAL CRE	MATION, 248. DATE		C. NAME of CEMETERY		24D. LOCATION			(Stote)
25A. DATE REC'D	BY HEALTH DEPT.		Meadowridge Confederation Conf	25C. FUNERAL	Dorsey of Director  Funeral Hon	Road Do me 237 Pa	DRESS	

VS 151-REV. 1/1/6B

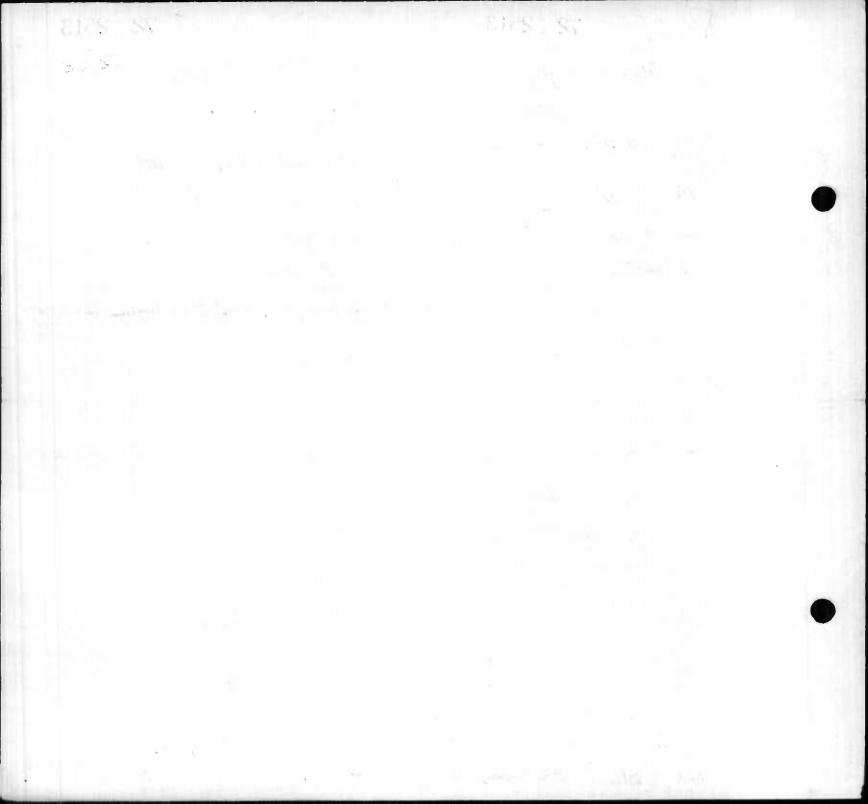
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This was a second der, wei in contra September 17, Depthy St. Jones J. Denney Start unial 3/11/2 endorsida construy datas construy

## IMPORTANT FUNERAL DIRECTOR:

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. VS 150-REV. 1/1/68

В	RTH NO.	02513		TE OF DEATH	REG. NO.	72 02513
(i	ype or Printly			4.0	ND HOUR OF DEATH	1120 0
3	PLACE IN BALTIMORE, MARYLAND, W	HERE PRONOU	NCED DEAD	4. USUAL RESIDENCE (W	ch 7, 1972	nstitution: residence before admission)
F	ULL NAME OF (IF NOT IN HOSPIT ADDRESS OR LOCATION)	AL OR INSTITU ATION)	TION, GIVE STREET	Md. Balte	0., (0.	SIDE CITY LIMITS?
176	Sinai Hospital of	Batt. In	k,	E. STREET AND NUMBER 2118 Lorraine	e five. 2	YES
5.	SEX 6. RACE	7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH		If Under 1 Yr., If Under 24 Hrs. Months Doys Haus; Min.
L	MW	WIDOWED	DIVORCED	10-3-90	9. AGE (In years last birthday)	Months Doys Haus Min.
qo	A. USUAL OCCUPATION (Give kind of work ne during most of working life, even if retired)	108 KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE  Stole or to	reign country!	12. CITIZEN OF WHAT COUNTRY?
	grave digger	(eme	etery	Maryland		USA
1113	FATHER'S NAME			14. MOTHER'S MAIDEN NA	AME	
15	? Parsley			? Day		
(Y	Was Decoased Ever in U. S. Armed Fores, no or unknown) lit yes, give war or dote	cos? s of service)	SECURITY NO.	17. INFORMANT		ADDRESS
_	yes WV7		212 12 2791		Reed 2110	Lugine Ave 21207
	DISEASE OR CONDITION DIR	ECTI V	CAUSE OF DEAT	н		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	LEADING TO DEATH		AND DESCRIPTION OF THE PROPERTY OF THE PROPERT	er Bornes		12 Rep
	(This does not mean the mode of heart failure, asthenia, etc. It means	dying, e.g.,	(A) IMMEDIATE CAL	A CONSEQUENCE OF:	*********	18 MO
	injury ar camplication which caused	death.)				
	ANTECEDENT CAUSES		(B)	, Vc-		1 moth
	DISEASES OR CONDITIONS, if a rise to the above cause (A)	any, giving sloling the	DUE TO, OR AS	A CONSEQUENCE OF:		
	UNDERLYING CONDITION last.	- 11 - VA	(c)			
ATION	OTHER SIGNIFICANT CONDITIONS CONTO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION GIVEN IN PART	IE TERMINAL	***************			***************************************
CERTIFICATION	19A-DATE OF OPERATION 19B. CONI	ORMED	HICH OPERATION	20A. AUTOPSY? (Yes or N	O) 208. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
CAL	21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (natify medical examined)	21 B. P home, etc.)	LACE OF INJURY le.g., li form, factory, street, of	or about 21 C. WHERE DID ince bidg., INJURY OCCUR?	(If In Boltimar	e City, give exect location)
MEDI	21 D. TIME (Month)  Doy)  Yeor) OF INJURY		NJURY OCCURRED	21F. HOW DID IN	JURY OCCUR?	
<	(APPROX)	While Wark	At Work	· 🗆		
	22. I certify that (1) (this hospital)	attended the	deceased from	2-10-	19 72 to	3-7-1972
	that (1) (we) last saw the decease	d alive on	3-			nian death accurred an the date
	and have and from the causes state	ed above. (I)	(We) (did) (did not) v	lew the bady after death.		- 40
	23A. SIGNATURE			44		23B DATE SIGNED
	Joch Pollock	1	DEGREE Phys		Staff Phys.	march 7,1972
	28C. PHYSICIAN'S NAME (Typel		P	3D. ADDRESS		
24/	REMOVAL (Specify) 248 DATE	24C. NAA	DEGREE AE OF CRE	MATORY 24D. L	OCATION ICI	ly, lown, or county) (Stole)
	burial 3-11-72	Drui	d Ridge (em	Pi	1	ld.
25/	10000 (18 0)	25B. NAME-OF		256 FUNERAL DIRECTO	R	ADDRESS
	MAR 1 9 1972 / Saul	S. Williams	ACD,	John / Sta	nsbury 6411	Windson Mill Rd.



Ellicott City, Maryland

1530 Edmondson Avenue

**ADDRESS** 

25C. FUNERAL DIRECTOR

MAR 13 1972 Policie & Company 151-Rev. 1/1/68 N 9 3 3 X

3/10/72

Crestlawn

25B. NAME OF REGISTRAR

REMOVAL (Specify)

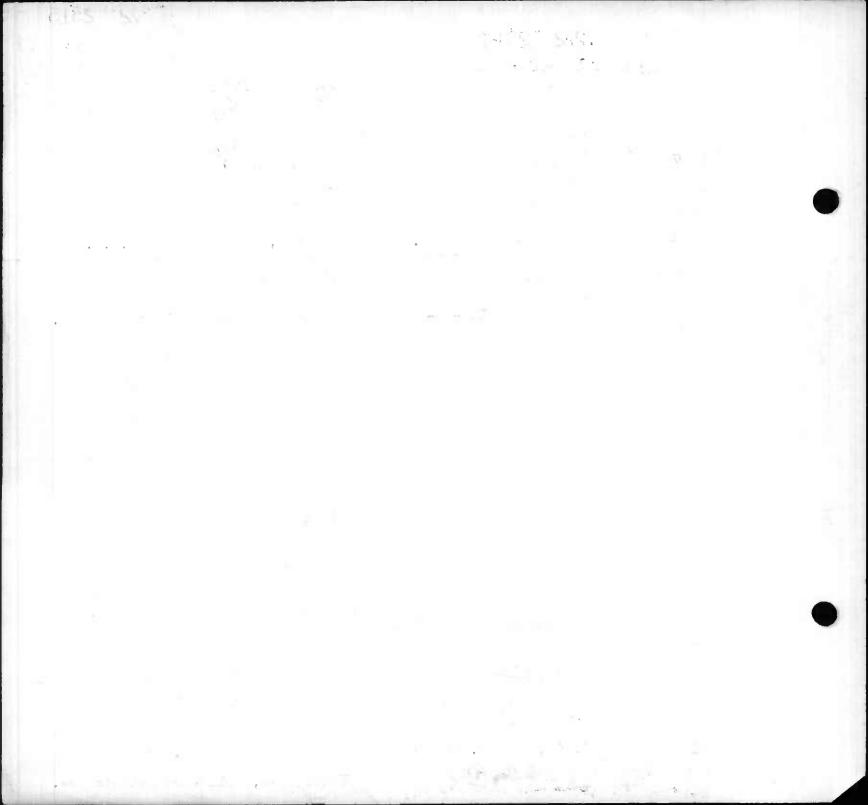
25A. DATE REC'D BY HEALTH DEPT.

Burial

3-22-1972 - Completion of cause of death on a pending medical examiner death certificate

Ronald N. Kornblum, M.D.
Assistant Medical Examiner
HRS

0 000	BALTIMORE CITY	HEALTH DEPARTME	NT	72 02515	
Вити No. 72 02515	CERTIFICA	TE OF DEAT	TH REG. NO		
1 NAME OF DECEASED	1		TE AND HOUR OF DEATH	17 12 15 P.M	
(Type or Print) CHESTER EDGAR	L.		3/10/1972	M.	
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCE	D DEAD	4. USUAL RESIDENCE	(Where deceased lived, If in	stitution: residence before admission)	
FULL NAME OF HOSPITAL OR INSTITUTION ADDRESS OR LOCATION)	, GIVE STREET	Md. 212	-16	1,547	
Lutheran Hospital		C. CITY OR TOWN D. INSIDE CITY LIMITS?			
730 Ashburtin		E. STREET AND NUM		YES MO	
Baltimore, Md 2/2/16	6	2 303 R	osedale St.		
5. SEX 6. RACE 7. MARRIED L N	EVER MARRIED	8. DATE OF BIRTH	9. AGE (in years lost birthday)	If Under 1 Yr. Il Under 24 Hrs. Months Days Hours Min.	
	DIVORCED	9/12/12	Ed ure		
10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSI done during most of working life, even if retired)	NESS OR INDUSTRY	11. BIRTHPLACE (Slote	or toleign country)	12. CITIZEN OF WHAT COUNTRY?	
Repairman Telephon	ne Co.		e, Maryland	U.S.A.	
13. FATHER'S NAME		14. MOTHER'S MAIDE	N NAME		
Charles Edgar Chester		Sadie Gl	ark		
	OCIAL ECURITY NO.	17. INFORMANT		ADDRESS	
No 216	5-09-6002	Gwendolyn	Chester 230	Rosedale St.	
18.533.71	CAUSE OF DEAT	1		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		SE Acute Pa	Imanan E		
(This does not mean the mode of dying, e.g.,		A CONSEQUENCE OF:	ellionard (52	CAMA	
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)					
ANTECEDENT CAUSES	(R)				
DISEASES OR CONDITIONS, if any, giving	DUE TO, OR AS	A CONSEQUENCE OF:	****************		
nise to the above cause (A) stating the UNDERLYING CONDITION last.					
- II					
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	Multip	e bleedin	a peptic Ula	1013. 2 days.	
DISEASE OR CONDITION GIVEN IN PART 1 (A). 194-DATE OF OPERATION 1198. CONDITION FOR WHICH			J-1-F		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  1994. DATE OF OPERATION 1985. CONDITION FOR WHICH OPERATION WAS PERFORMED  1214. A CCIDENT WAS UNDERLYING TO 1218 PLACE OF INJURY (CG. IN 01 bound) C. WHERE DID.  1214. A CCIDENT WAS UNDERLYING TO 1218 PLACE OF INJURY (CG. IN 01 bound) C. WHERE DID.  1214. A CCIDENT WAS UNDERLYING TO 1218 PLACE OF INJURY (CG. IN 01 bound) C. WHERE DID.  1216. PLACE OF INJURY (CG. IN 01 bound) C. WHERE DID.  1217. A CCIDENT WAS UNDERLYING TO 1218 PLACE OF INJURY (CG. IN 01 bound) C. WHERE DID.  1218. PLACE OF INJURY (CG. IN 01 bound) C. WHERE DID.  1219. PLACE OF INJURY (CG. IN 01 bound) C. WHERE DID.					
(1) III SOUTHOUT CITY, SIVE EXOCT IOCOTION;					
DEATH Incitify medical examines etc.)  21D-TIME (Month) (Doyl (Yeon) (Hous) 21E INJU  OF INJURY While As	ig locally, silver of	ince biograms but occ	D K:		
OF INJURY (Month) (Doyl (Year) (Hour) 21E INJU	RY OCCURRED		D INJURY OCCUR?		
(APPROX.) While At Work	Nol While			5 -	
22. I certify that (I) (this hospital) attended the deceased from 3/9/72 19 to 3/10/72 19					
that (1) (we) last saw the deceased alive an	3/10/72	19a	nd that In (my) (our) opli	nian death occurred on the date	
and hour and fram the causes stated abave. (1) (We) (did) (did-not) view the body after death.					
23A. SIGNATURE					
Attending   Med. Staff   3 /10/1972					
23C. PHYSICIAN'S NAME (Type) DR. DONGRE 23D. ADDRESS Lutheran Hospital					
DEGREE DEGREE					
REMOVAL (Specify)	CEMETERY OF CRE	MATORY	4D. LOCATION (Cit	y, town, or county) (Stotol	
Burial 3/15/72 Mt. Auburn Baltimore, Maryland  25a. DATE RECT BY HEALTH DEPT. 256. NAME OF REGISTRAR (3 ) CRSC. FUNERAL DIRECTOR 1 ADDRESS					
ACCOUNT AND					
Kenneth Law, 4611 Park Heights Ave.					



## J-525 72 02516 BALTIMORE CITY HEALTH DEPARTMENT

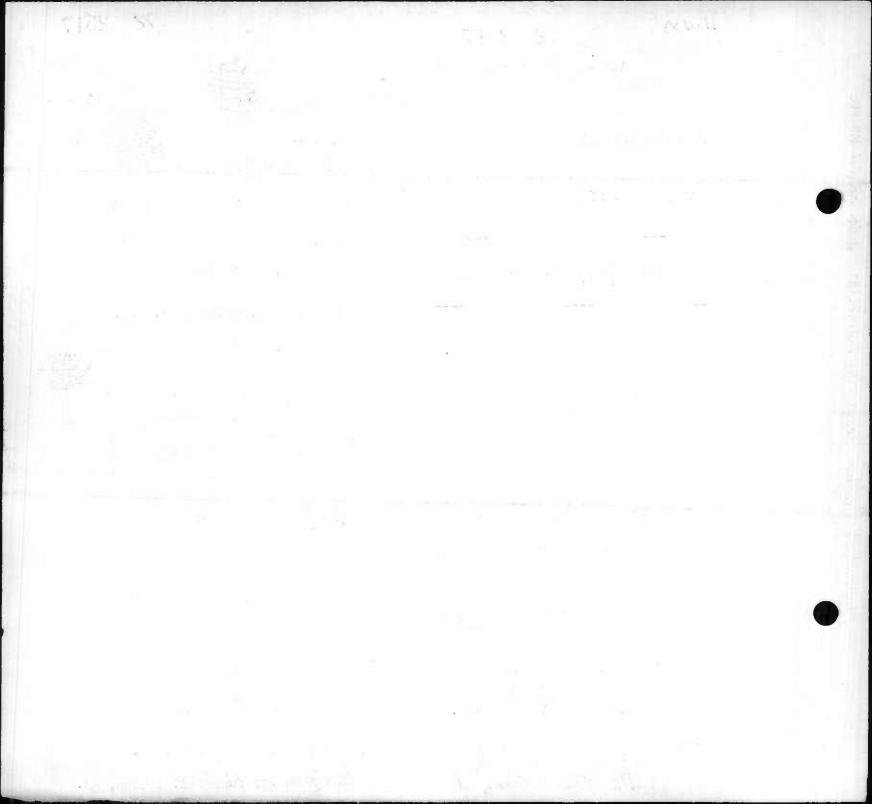
72 02516

BIRTH NO.	REG. NO				
1. NAME OF DECEASED	2. DATE Known Manth Day	ear Haur			
(Type or Print) Theresa Johnson	OF DEATH Estimated 3 6 72				
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	DEATH	Yeor Hour			
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL ADDRESS OR LOCATION)	PROMOTIVICES SEAS	72 3:58 p. <sub>M.</sub>			
OR INSTITUTION	5. USUAL RESIDENCE (Where deceosed lived. If institution: resid	ence before odmission)			
1830 Druid Hill Avenue	A. STATE Md. B. COUNTY 1402				
6. SEX 7. RACE 8. MARRIED NEVER MARRIED 3	C. CITY OR TOWN D. INSIDE CITY LIA	AITS?			
	Balto. YES★ NO□				
9. DATE OF BIRTH 10. AGE (In years   If Under 1 Yr. If Under 24 Hrs.	E. STREET AND NUMBER	NOL			
last birthdoy) Manths ; Doys ; Haurs ; Min.	1710 McCulloh Street				
	13. FATHER'S NAME				
11. BIRTHPLACE (Stote or foreign country)  12. CITIZEN OF WHAT COUNTRY?	13. FATHER S NAME				
	Clarence Johnson				
14A.USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTRY	15. MOTHER'S MAIDEN NAME				
dane during most of working life, even if retired)  Student	W				
16. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL	Mozelle White    B. INFORMANT ADDRES	SS			
(Yes, na or unknown) (if yes, give war or dates af service) SECURITY NO.					
No	Mozelle White 701 Mulbery	St. Apt. 305			
19. F 965 XI CAUSE OF DEA'	TH	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH			
Shot	tgun wound of chest				
LEADING TO DEATH					
(A)IMMEDIATE C					
heort failure, asthenia, etc. It meons the disease,	AS A CONSEQUENCE OF:				
injury or camplication which caused death.)					
ANTECEDENT CAUSES (8)					
	AS A CONSEQUENCE OF:				
RISE TO THE ABOVE CAUSE (A) STATING THE					
UNDERLYING CONDITION LAST. (C)					
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING					
DISEASE OR CONDITION GIVEN IN PART 1 (A).					
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WA	AS PERFORMED 21.	AUTOPSY? (Yes or No)			
		yes			
	in or about 22C. WHERE DID (If in Boltimore City, give exact lace bldg, etc.) INJURY OCCUR?	otion)			
UNDERLYING FOR CONTRIB-		1403			
22D TIME (Month) (Day) (Year) (Hour) 122E INJURY OCCURRED	1830 Druid Hill Avenue	1100			
OF INJURY 2 6 72 approxyule at NOT	WALLE DE				
	ORK Subject shot during alte	rcation			
23.	<b>₽</b>				
1 certify that I held on Inquiry I Inspection Au	topsy and that on this basis, death In my opin	ion			
resulted from: Notural couses, Accident Suicid	le Homicide XX Undetermined manner				
ACTUAL CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER XXX DATE SIGNED					
EXAMINER'S Peter Lipkovic, M.D.	ASSOCIATE MEDICAL EXAMINER	3/1/12			
NAME (lype)	COEMARANA I A COMPANIA (C				
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY or CREMATORY 24D. LOCATION (City, town, or county) (State)					
Burial 3/11/72 Mt. Auburn Cemetery Baltimore, Maryland					
25A. DATE REC'D BY HEALTH DEPL 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS					
18D - 900 Q 4 Q 2 Q 100 100 100 100 100 100 100 100 100 1					
Mar 13 10 C (Kenneth Law Funeral Chapel, Hell Park					
VS 151-REV. 1/1/68		- A CONTRACTOR OF THE CONTRACT			
N 0 / 2 / 1		V			

N. F. deaded appeared to the second of the second the spine of the state of the spine of during the property of 

ased the Such	BIRTH NO. Cecil Co. Md 72 02517 CERTIFICA	TE OF DEATH	02517	
de cea	HALL, MAHUR D. JR.	2 DATE AND HOUR OF DEATH  3-3-12	12º7 P.	
e of 5) De nce leath	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD  FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)	4. USUAL RESIDENCE (Where deceased lived, If institution residence before admission)  MARYLAND  C. CITY OR TOWN  D. INSIDE CITY LIMITS?		
se; (se)	INSTITUTION			
uting ed caus ar atte prior de.	JOHNS HOPKINS HOSPITAL	ELKTON YES   E. STREET AND NUMBER RD#5 BOX 199	ио/[3]	
min egul sed ma	5. SEX  MALE  WHITE  WIDOWED  DIVORCED  10A. USUAL OCCUPATION (Give kind of work) 10B, KIND OF BUSINESS OR INDUSTRY		17	
or condeternated and december of the december	done during most of working life, even if refired)	347-332	EN OF WHAT COUNTRY?	
Un Cun	13. FATHER'S NAME	Maryland	JSA	
direct or c; (4) Undet h was in the deco	HALL SR. ARTHUR	ADAMS, ARLENE		
al	15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) Uf yes, give wor or dotes of service) SECURITY NO.	17. INFORMANT	ADDRESS	
d k d d fin		Arthur D. Hall, Elkton, Md. R.I		
Also, if e of any nounced attenda med or	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (A) IMMEDIATE CAU	Cardiac direct	APPROXIMATE INTERVAL ETWEEN ONSET AND DEATH	
fracture fracture o pron gular embalr	heart foilure, astheria, etc. It means the disease, injury or camplication which coused death.)  ANTECEDENT CAUSES	Surgical procedure -	2 hours	
exam (3) A n wh in re	DISEASES OR CONDITIONS, if any, giving nise to the obove cause (A) stating the UNDERLYING CONDITION last.  (C)	A CONSEQUENCE OF:	life	
medical burns; physicia an was	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 [A).	locernnius	Life	
by a r 2) Body re the physici	19A-DATE OF OPERATION 198 CONDITION FOR WHICH OPERATION WAS PERFORMED WAS PERFORMED TO THE COLUMN TO THE PERFORMENT OF T	20A-AUTOPSY? (Yes of No) 208, IF YES, WERE FINDINGS IN CERTIFYING CAUSES OF D		
when No	OR CONTRIBUTING CAUSE OF CAUSE OF DEATH (notify medical examines) hame, form, factory, sheet, of	fice bldg. INJURY OCCUR?	exact location)	
hos natu ept d (6)	(APPROX.) Wark At Work		٠. ـــ	
of an the the of an the	that (1) (we) last saw the deceased alive an 3 March	19 72 and that In(my) (aur) apinion deoth	19 TZ	
eased to eased to ident of hospital o death) must be	and haur and from the causes stated above. (4) (We) (did) (did net) vi	lew the bady after death.	SIGNED	
THE E A IS	DECERE PRYS	nding Med. Stoff M 2 M	1972	
this certificate in the body was relative was D.O.A. at a flaceased prior to written approval	DR. KARL STECHER JR.	JOHNS HOPKINS HOSPITAL		
ws: (1) ws: (1) body ws: (1) body body eased	248. BURIAL CREMATION, 248. DATE 24C. NAME of CEMETERY OF CRE		county) (State)	
the body shows: (1) was D.O./ deceased written a	Burial 3/7/72 Cherry Hill Metho 25a. Date REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	odist Cemetery, Cherry Hill, Md.	ADDRESS	
	MAR 1 3 1972 RAGE & L. N. D.	Hicks nome for Funerals, Elkto	ADDRESS	

72 02517 RAITIMODE CITY HEALTH DEDARTMENT



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. FUNERAL DIRECTOR: IMPORTANT

Dear	BALTIMORE CITY	HEALTH DEPARTMENT		72 02518
#-620 BIRTH NO. 72 02518	CERTIFICA	TE OF DEATH	REG. NO	0.0020
1. NAME OF DECEASED		2. DATE AN	D HOUR OF DEATH	1
(Type or Print) FRANK PA	RKS	3/1	0/72	12:45 pm.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUN	CED DEAD	4. USUAL RESIDENCE Whe	deceased lived. If	institution: residence before admission)
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION	ON, GIVE STREET	MID	-3	1401
HOSPITAL OR ADDRESS OR LOCATION)		C. CITY OR TOWN	D. IN	SIDE CITY LIMITS?
		E. STREET AND NUMBER		YES NO NO
MD. GENERAL HOS	DITAL		ent st.	
	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs. Months: Doys Hours Min.
M NEG-RO WIDOWED	DIVORCED	11/3/10	61	
10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BU	JSINESS OR INDUSTRY	11. BIRTHPLACE (State or fore	ign country)	12. CITIZEN OF WHAT COUNTRY?
	9 Actors	Ohio		6.S.A
13. FATHER'S NAME		14. MOTHER'S MAIDEN NA		
UNKNOWN		WNENOU	IN	
15. Was Deceased Ever in U. S. Armed Forces?   (Yes, no or unknown)   (If yes, give war or dates of service)	SECURITY NO.	17. INFORMANT	4	ADDRESS
No	83-12-1443		185-25	
18.2 50.9	CAUSE OF DEAT	A. a. harden	~ 1. o.	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OF CONDITION DIRECTLY LEADING TO DEATH	C4	notes with	- Me	man - 2 wash
(This does not mean the mode of dying, e.g., heart foilure, asthenio, etc. It means the disease,	(A) MMEDIATE CAL		- Cont	, , , , , , , , , , , , , , , , , , ,
injury or complication which coused death.)		my	revolud up	aretur a
ANTECEDENT CAUSES	(B) Dra	her mell	litor	5-744.
DISEASES OR CONDITIONS, if ony, giving rise to the obove couse (A) stolling the	DUE 10, OR AS	A CONSEQUENCE OF:		10'
UNDERLYING CONDITION last.	(C)			
II II				
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A),				
	ICH OPERATION	20A. AUTOPSY? (Yes or No	ol 208. IF YES, WERE	FINDINGS CONSIDERED
19A. DATE OF OPERATION 19B. CONDITION FOR WH WAS PERFORMED			IN CERTIFYING C.	AUSES OF DEATH?
OR CONTRIBUTING CAUSE OF home,	ACE OF INJURY (e.g., i form, foctory, street, o	n or about 21C. WHERE DID INJURY OCCUR?	(If in Baltime	ore City, give exact location)
	JURY OCCURRED	21F. HOW DID IN.	URY OCCUR?	
OF INJURY (APPROX.) While Work	At Not Whit	e 🗆/	250	2
22. I certify that (1) (this hospital) ottended the	deceosed from		19 6/ to	3/10 197V.
that (1) (we) lost saw the deceased alive on	315	2-1	-/	pinion death occurred an the date
and hour and from the couses stated above. (1)	We) did (did hot)	iew the body ofter deoth.		
23A. SIGNATURE		/		238 DATE SIGNED
Typh Olling	DEGREE Phy		Staff Phys.	1//3/2
23C. PHYSICIAN'S NAME (Tyge)		23D. ADDRESS		
Elijah SA	1 N DER SDEGREE	V300 6	turns	n Mod
24A. BURIAL CREMATION, 2/B. DATE 24C.NAM	E of CEMETERY OF CR	EMATORY 24D. L	**	City, town, or county) (State)
BUREAL 3/15/72 M.	t. Au Bul		ALTO, N	
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF	REGISTRAR	250 FUNERAL DIRECTO	enron!	ADDRESS 124/MEC.
VS 150-REV. 1/1/6B		Chatman Fo	JAMMAN	10ME-170181: Cul

3/10/22 FRANK PARKS 017 124472. ALL GENERAL HOLDITAL BETTERMET ST. 41 N EG 25 Ludonia Contractors de la Ballet et al. dannour -JAST DE PART ENERGY BURELS SEVERALES

DURENT 3/18/22 VATIONEN

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Tille.	

1	V 531 / CED19	ATE OF DEATH REG. NO. 72 02519
1, N.	IAM OF DECEASED	2. DATE AND HOUR OF DEATH March 10, 1972
3. P	William Pinderhughes PLACE IN BALTIMORE, MARTLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, II institution: residence before admission) A. STATE B. COUNTY
FU! HO	IL NAME OF STREET OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	Maryland C. CITY OR TOWN D. INSIDE CITY LIMITS?
+		Baltimore YES X NO
	Union Memorial Hospital	3521 Hilton Road
	ale Negro WIDOWED DIVORCED	9. AGE (In years lift Under 1 1/2. II Under 24 Hrs. Months: Days Hours Min. 52
done	LUSUAL OCCUPATION (Give bind of work 108, KIND OF BUSINESS OR INDUSTR to during most of working life, even it refired) SSOC. Supt. Public School	Maryland  USA
	FATHER'S NAME	14 MOTHER'S MAIDEN NAME
TA	Walter Dindorhughos	Lucia Stubbs
15. V	Walter Pinderhughes Wee Deceased Ever In U. S. Armed Forces? s,no or unknown) [III yes, give wer or dates of service]   SECURITY NO.	17. INFORMANT ADDRESS
	yes World War II	Mrs. Alice G. Pinderhughes 3521 Hilt
RTIFICA	heart failure, astherita, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, II any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.  (C)  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  19A-DATE OF OPERATION 19B CONDITION FOR WHICH OPERATION WAS PERFORMED	AUSE Myccanded Interder Menetal S A CONSEQUENCE OF:    20A_AUTOPSY? (Yes or No)   20B, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?    office bidgs,   INJURY OCCUR?
15	DEATH (notify medical examined	
MEDI	21D-TIME (Month) (Doy) (Year) (Hour 21E INJURY OCCURRED White At Work At Work	
11	22. Leastly that (1) (this hospital) attended the deceased from that (1) (we) lost sow the deceased alive on Follows	19 7/ to Mark 10 1972 19 72 and that in(my) (our) opinion death occurred on the da
		thending Med. Stoff C
	23C.PHYSICIAN'S NAME (Type) David Miller  M. D. DEGREE	9115 Reisterstown Road
24A	A. SURIAL CREMATION, 248. DATE 24C. NAME of CEMETERY of C REMOVAL (Specify) 3-14-72 Arbutus Memor	REMATORY 24D. LOCATION (City, town, or county) (State)
25/	AS 13 192 (CALLED & SEE MAME OF REGISTRAN ()	NUTTER FUNERAL HOME 3035 W. NORTH A
VS	150-REV. 1/1/68	

1 edd/118 L IV

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. FUNERAL DIRECTOR: IMPORTANT

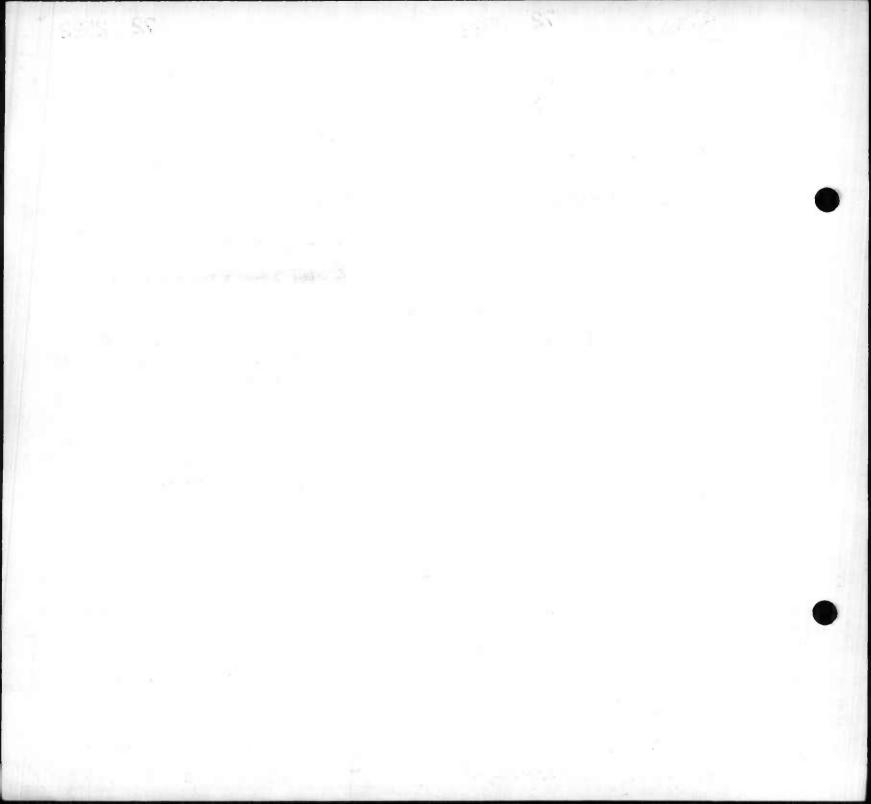
NAME OF DECEASED  OF PRINT WILLIAM H. CARTER  ACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD  NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET INTO ADDRESS OR LOCATION)  Sinai Hospital  6. RACE  7. MARRIED NEVER MARRIED	Baltimore YES NO E. STREET AND NUMBER
William H. Carter  ACE IN BALTIMORE MARYLAND, WHERE PRONOUNCED DEAD  NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET FUTION)  Sinai Hospital  6. RACE  7. MARRIED NEVER MARRIED	March 11, 1972  4. USUAL RESIDENCE (Where deceased lived, II institution: residence before admissing the state of the stat
William H. Carter  ACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD  NAME OF OF ADDRESS OR LOCATION)  Sinai Hospital  6. RACE  7. MARRIED NEVER MARRIED	A. STATE B. COUNTY  Maryland  C. CITY ORTOWN  Baltimore  E. STREET AND NUMBER  A. STATE  B. COUNTY  D. INSIDE CITY LIMITS?  YES  NO  E. STREET AND NUMBER
NAME OF ADDRESS OR LOCATION)  Sinai Hospital  6. RACE  7. MARRIED NEVER MARRIED	A. STATE B. COUNTY  Maryland  C. CITY ORTOWN  Baltimore  E. STREET AND NUMBER  A. STATE  B. COUNTY  D. INSIDE CITY LIMITS?  YES  NO  E. STREET AND NUMBER
Sinai Hospital  6. RACE  7. MARRIED NEVER MARRIED	Maryland  c. CITY OR TOWN  Baltimore E. STREET AND NUMBER
Sinai Hospital  6. RACE  7. MARRIED NEVER MARRIED	C. CITY OR TOWN  Baltimore E. STREET AND NUMBER  D. INSIDE CITY LIMITS?  YES NO
Ginai Hospital  6. RACE  7. MARRIED NEVER MARRIED	Baltimore YES NO DE STREET AND NUMBER
6. RACE 7. MARRIED NEVER MARRIED	E. STREET AND NUMBER
6. RACE 7. MARRIED NEVER MARRIED	
MAKKIED NEVEK MAKKIED	1909 Division Street
	8. DATE OF BIRTH 9. AGE (in years   If Under 1 Yr.   Il Under 24 H
WIDOWED X DIVORCED	lost birthdoy) Months; Days Hours; Min.
SUAL OCCUPATION (GHE kind of work 108, KIND OF BUSINESS OR INDU	JU 1-18-1891 81 12, CITIZEN OF WHAT COUNTY
uring most of working life, even if retired)	
stodial engineer Public School	Maryland USA
THER'S NAME	14. MOTHER'S MAIDEN NAME
John Carter	Ella Snowden
s Deceased Ever in U. S. Armed Forces? o or unknown)[Iff yes, give war or dates of service]   16. SOCIAL   SECURITY NO.	17. INFORMANT ADDRESS
	0204
	830Mrs. Bertina Keys 37ll W. Garrison A
7/01/01	DEATH APPROXIMATE INTERVAL BETWEEN ONSET AND DEA
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	1. AT Di C.
A A MANA EDIATE	ECAUSE My o Con deal to Suffere Months
this does not mean the mode of dying, e.g., DUETO, OF	R AS A CONSEQUENCE OF:
jury ar camplication which caused death.)	
ANTECEDENT CAUSES	A + . O .
ARTECEDERT CAUSES	Av Terioselevoro year
ISEASES OR CONDITIONS, if any, giving DUE 10, O	OR AS A CONSEQUENCE OF:
se to the above cause IA) stating the NDERLYING CONDITION tast. (C)	
(-)	***************************************
THER SIGNIFICANT CONDITIONS CONTRIBUTING	
THE DEATH BUT NOT RELATED TO THE TERMINAL	
SEASE OR CONDITION GIVEN IN PART 1 (A).  A-DATE OF OPERATION 1198. CONDITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No.) 20B. IF YES. WERE FINDINGS CONSIDERED
WAS PERFORMED	20A-AUTOFSY? (Yes of No.) 20R. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
A. ACCIDENT WAS UNDERLYING 218 PLACE OF INJURY (	e.g., in or obout 21C, WHERE DID (If In Boltimore City, give exact location)
A. ACCIDENT WAS UNDERLYINO   21B. PLACE OF INJURY (e home, form, foctory, stree elc.)  ATH (notify medicol exemine)   elc.)	et, office bldg., INJURY OCCUR?
D.TIME (Month) (Doy) (Year) (Hour) 21E INJURY OCCURRED	DIO MIGORI OCCOM
While At Mot	While Work
77012	WORK LESS
. I certify that (1) (this hospital) attended the deceased fram	_
of (1) (we) last saw the deceased alive on Manch	19 72 and that in(my) (aur) apinian death accurred an the de
id hour and from the causes stated above. (1) (We) (did) (did no	
A. SIGNATURE	
A. SIGNATURE	
Soul & hull DEGREE	
50,00,4,00	23D. ADDRESS
C.PHYSICIAN'S NAME (Type)	23D. ADDRESS
C.PHYSICIAN'S NAME (Type)  David Miller  M. D. DEGREE	23D. ADDRESS 9115 Reisterstown Road
C.PHYSICIAN'S NAME (Type)  David Miller  URIAL CREMATION, 1248. DATE 124C.NAME of CEMETERY OF 12	23D. ADDRESS  23D. ADDRESS  24D. Reisterstown Road  CREMATORY  24D. LOCATION  (City, town, or county)  (Stote)
C.PHYSICIAN'S NAME (Type)  David Miller  URIAL CREMATION, 1248. DATE 124C.NAME of CEMETERY OF 12	23D. ADDRESS  GGREE 9115 Reisterstown Road  CREMATORY 24D. LOCATION (City, town, or county) (Stote)  Prial Park , Baltimore Co. Maryland
C.PHYSICIAN'S NAME (Type  David Miller  URIAL CREMATION, 248, DATE  EMOVAL (Specify)  DEGREE  M. D. DEGREE  24C, NAME of CEMETERY OF	23D. ADDRESS  23D. ADDRESS  24D. Reisterstown Road  CREMATORY  24D. LOCATION  (City, town, or county)  (Stote)
id hour and from the causes stated above. (1) (We) (did) (did no	Attending Med. Staff C

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.
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5-256 72 025	BALTIMORE CITY	HEALTH DEPARTMENT		<b>WO</b> 00-
IRTH NO.	21 CERTIFICA	TE OF DEATH		72 02521
NAME OF DECEASED ype or Print Cephas J. Bazemon			AND HOUR OF DEATH	
cephas d. Bazemo	ge .		ch 10, 197	A Nonstitution: residence before admission)
L PLACE IN BALTIMORE, MARYLAND, WHERE PRICEL NAME OF (IF NOT IN HOSPITAL OR IN		Maryland	UNITY	1605
ULL NAME OF (IF NOT IN HOSPITAL OR IN HOSPITAL OR IN ADDRESS OR LOCATION) NSTITUTION	SHIGHON, GIVE SINCE!	C. CITY OR TOWN	D. IN	SIDE CITY LIMITS?
Moryland General Ho	espital	Baltimore		YES NO [
11 or James Gerezaria		E. STREET AND NUMBER		
78		822 Whitmo	re Avenue	
SEX G. RACE 7. MARI	RIED NEVER MARRIED DIVORCED	8. DATE OF BIRTH 9-1-1920	9. AGE (In years last birthday)	If Under 1 Yr. If Under 24 Hrs Months Doys Hours Min.
DA. USUAL OCCUPATION (Give kind of work) 108, KIN	والمرافقة والمناف والمرافق		51	12. CITIZEN OF WHAT COUNTRY
one during most of working life, even if reffred)		The second secon		
	Post Office	North Car		USA
3. FATHER'S NAME		14 MOTHER'S MAIDEN	NAME	
Jefferson Bazemore		Esther Ba	zamore	
S. Wes Deceased Ever in U. S. Armed Forces? (es, no or unknown) (If yes, give war ar dales af serv	icel 16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
yes   World War II			a Bazemore	822 Whitmore Av
18. 250.41	CAUSE OF DEAT			APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT
DISEASE OR CONDITION DIRECTLY		0 ,	8,0	
LEADING TO DEATH	(A) IMMEDIATE CAL	ISE Lymina	my 2mm	us
(This does not mean the mode of dying, heart failure, asthenia, etc. It means the disc	PULL TO OR AS	A CONSEQUENCE OF:		
injury or complication which caused death.)	0	100	Am	
ANTECEDENT CAUSES	1.10.	ted Amout	tin Shi	n 20
	(8) OVO CONTRACTOR OF AS	A CONSEQUENCE OF:	7 000	
DISEASES OR CONDITIONS, if any, gi	TAILING TO THE TAIL	ochewon.	neigher a	-
UNDERLYING CONDITION last.	(c)_/  / \/	60-60	ulty de	
11			0 000 0	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTE	ING )	:000-1	12000,0	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTE TO THE DEATH BUT NOT RELATED TO THE TERMI DISEASE OR CONDITION GIVEN IN PART 1 (A). 17A-DATE OF OPERATION 19B CONDITION WAS PERFORMED  21A ACCIDENT WAS UNDERLYING	NAL	weeks 1	, and , a	~/
19A. DATE OF OPERATION 198. CONDITION		20A. AUTOPSYT (Yes a	No. 208 IF YES WERE	FINDINGS CONSIDERED AUSES OF DEATH?
WAS PERFORMED		75	IN CERIFING C	Abses of Deagh
			00 4 0 40	
In continue Tours	218 PLACE OF INJURY (e.g.	or about 21 C. WHERE DIE	(ii in Baisim	ore City, give exact location)
In continue Tours	218 PLACE OF INJURY (e.g., home, farm, factory, street, o	in or about 21C. WHERE DIE ffice bidg., INJURY OCCU	g (it in ballim	ore City, give exact location)
In continue Tours	etcJ			ore City, give exact location)
OR CONTRIBUTING CAUSE OF DEATH incitify medical examined	21E INJURY OCCURRED	21F. HOW DID	INJURY OCCUR?	ore City, give exact location)
OR CONTRIBUTING CAUSE OF DEATH inciting medical examined	etcJ	21F. HOW DID		ore City, give exact location)
OR CONTRIBUTING CAUSE OF DEATH incitive medical examined  21D.TIME (Month! (Day) (Year) (House APPROX.)	216 INJURY OCCURRED White At Not White Work At Work	21F. HOW DID		ore City, give exact location)
DEATH Instity medical examined  210-TIME (Month) (Day) (Year) (House OF INJURY (APPROX)  22. I certify that (i) (this hospital) attended	21E INJURY OCCURRED While At Not While At Work  ded the deceased from	215. HOW DID	INJURY OCCURS	3.10 19.72
OR CONTRIBUTING CAUSE OF DEATH inotify medical examined  21D.TIME (Month! (Day) (Year) (House OF INJURY (APPROX.)  22. I certify that (i) (this hospital) attend that (i) (we) last saw the deceased alive	21E INJURY OCCURRED While At Not While At Work  ded the deceased from	21 F. HOW DID	19 72 to	3.10 19.72
OR CONTRIBUTING CAUSE OF DEATH incitive medical examined  21D-TIME (Month) (Day) (Year) (House OF INJURY (APPROX.)  22. I certify that (i) (this hospital) attended that (i) (we) last saw the deceased alive and have and from the causes stated about	21E INJURY OCCURRED While At Not While At Work  ded the deceased from	21 F. HOW DID	19 72 to	3 · 10 19 ) 2 Dinion death accurred an the da
OR CONTRIBUTING CAUSE OF DEATH inciting medical examined  21D.TIME (Month) (Day) (Year) (House OF INJURY (APPROX.)  22. I certify that (i) (this hospital) attends that (i) (we) last saw the deceased alive	21E INJURY OCCURRED While At Not While At Work  ded the deceased from	21F. HOW DID  3 1  19 22 and  view the bady after dea	19 72 to	3.10 19.72
OR CONTRIBUTING CAUSE OF DEATH incitive medical examined  21D.TIME (Month! (Day) (Year) (House OF INJURY (APPROX.)  22. I certify that (i) (this hospital) attended that (i) (we) last saw the deceased alive and hour and from the causes stated about	21E INJURY OCCURRED  While At Not While Work  ded the deceased from 2.10  ve. (1) (Wa) (did) (did ot)  Atthropic Man Atthropic M	21F. HOW DID  21F. HOW DID  3 / 1  19 2 2 and  view the bady after dea	19 72 to	3 · 10 19 ) 2. Dinion death accurred an the da
OR CONTRIBUTING CAUSE OF DEATH incitive medical examined  21D.TIME (Month) (Day) (Year) (House OF INJURY (APPROX.)  22. I certify that (i) (this hospital) attend that (i) (we) last saw the deceased alive and haur and from the causes stated above 23A. SIGNATURE CAUSE SIGNATURE CAUSE OF CAUSE	21E INJURY OCCURRED  While At Not While At Work  ded the deceased from	21F. HOW DID  21F. HOW DID  3 / 1  19 2 2 and  view the bady after dea	19 72 to	3 · 10 19 ) 2 Dinion death accurred an the da
OR CONTRIBUTING CAUSE OF DEATH incitive medical examined  210-TIME (Month) (Day) (Year) (House of INJURY (APPROX.)  22. I certify that (i) (this hospital) attended that (i) (we) last saw the deceased alive and haur and from the causes stated above 23A. SIGNATURE (APPROX.)	21E INJURY OCCURRED  While At Not While At Work  ded the deceased from	21F. HOW DID  19 22 and order dealers.  Med. Director C	19 72 to	3 · 10 19 ) 2 Dinion death accurred an the da
OF CONTRIBUTING CAUSE OF DEATH incitive medical examined  21D.TIME (Month) (Day) (Year) (House OF INJURY (APPROX.)  22. I certify that (i) (this hospital) attend that (i) (we) last saw the deceased alive and haur and from the causes stated above 23A. SIGNATURE CAUSE SIGNATURE CAUSE STATE CAUSE	21E INJURY OCCURRED  White At Not White Work  ded the deceased from 2.10  ve. (1) (Wa) (did) (did act)  Not White At Not White At Work  At	21F. HOW DID  21F. HOW DID  3 19 2 and  21F. HOW DID  3 19 2 and  21F. HOW DID  3 19 2 and  4 and and  5 Med.  6 Director	19 Tto	23B, DATE SIGNED  3.10.72
OR CONTRIBUTING CAUSE OF DEATH incitive medical examined  OF INJURY  (APPROX.)  22. I certify that (i) (this hospital) attend that (i) (we) last saw the deceased alive and haur and from the causes stated above 23A. SIGNATURE  23C. PHYSICIAN'S NAME (Type) 5 CRRARD (	21E INJURY OCCURRED  White At Not White At Work  ded the deceased from 2.10  ve. (1) (We) (did) (vident)  DEGREE Phy  ROWL B	21F. HOW DID  3 19 2 and view the bady after dea ending Med. Director C  23D. ADDRESS	19 2 ta 1 that in (my) (our) of the Phys. D. LOCATION (	238, DATE SIGNED  3. (O. 72  City, town, or county) (State)
OR CONTRIBUTING CAUSE OF DEATH Incitive medical examined  (House)  DEATH Incitive medical examined	21E INJURY OCCURRED  While At Not While At Work  ded the deceased from	21F. HOW DID  19 22 and order dea  when the bady after dea  anding Med. Director C  23D. ADDRESS  EMATORY 248	19 Tto	238, DATE SIGNED  3. (O. 72  City, town, or county) (State)
OR CONTRIBUTING CAUSE OF DEATH Incitive medical examined  (House)  DEATH Incitive medical examined	21E INJURY OCCURRED  While At Not While At Work  ded the deceased from	21F. HOW DID  19 22 and order dea  when the bady after dea  anding Med. Director C  23D. ADDRESS  EMATORY 248	19 1 to	238, DATE SIGNED  3. (O. 72  City, town, or county) (State)
OR CONTRIBUTING CAUSE OF DEATH Incitive medical examined  (House)  DEATH Incitive medical examined	21E INJURY OCCURRED  While At   Not While At Work   At Work    ded the deceased from   2 · ( )    ve. (1) (We) (did) (did of)    NOW   Athor   DEGREE    AC. NAME of CEMETERY OF CR	21F. HOW DID  19 22 and order dea  anding Med. Director C  23D. ADDRESS  EMATORY 246	19 10 to	238, DATE SIGNED  3.10.72  City, town, or county) (State)  Co., Maryland

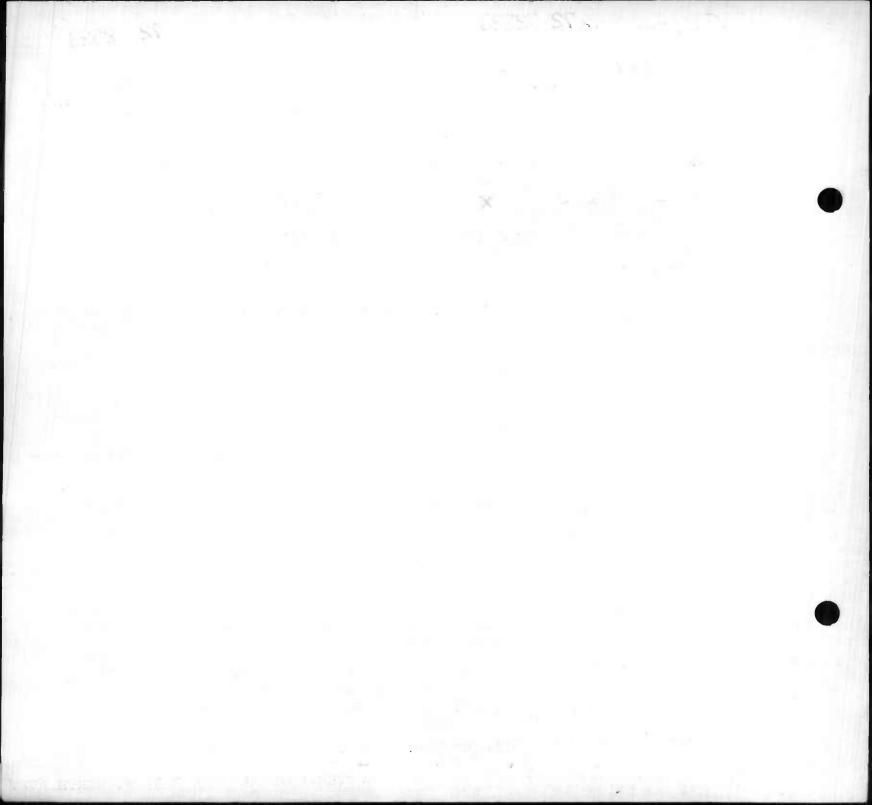
and eath ased the Such
s approved by the chief medical examiner or his assistant if death occurred in a hospital and I to the hospital by a medical examiner. Also, if the direct or contributing cause of death of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased all (except where the physician who pronounced death was in regular attendance on the th); and (6) No physician was in regular attendance on the be obtained before the remains are embalmed or final disposition is made.
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This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death). Such written approval must be obtained before the remains are embalmed or final disposition is made.
bod bod bows: cease
the show

	5-300 BMMH NO. LNAME OF DECEASED.  72 02528 CERTIFICAT	E OF DEATH REG. NO. 72 02522
	(Type as Birth	2. DATE AND HOUR OF DEATH
3	3. PLACE IN BALTIMORE MARYLAND, WHERE PRONOUNCED DEAD	USUAL RESIDENCE (Where deceased lived, If institution; residence before admission)
FH	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	BA HO 1901
	INSTITUTION	CITY OR TOWN  D. INSIDE CITY LIMITS?  YES NO
ě.	BON SECOURS HOSPITAL	STREET AND NUMBER  \$ 12 N. CAREY ST
5.	5. SEX 6. RACE 7. MARRIED HEVER MARRIED 8.	DATE OF BIRTH 9. AGE (In years   If Under 1 Ye . If Under 24 His.
	Male Negro WIDOWED DIVORCED 1	0/11/21
do	10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. done during most of working life, even if refired)	BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	Asst. Friceman	MOTHER'S MAIDEN NAME
113	13. FATHER'S NAME	MOTHER'S MAIDEN NAME
	HENRY SCOTT	Louise Franklin
La.	Tes, no of unknown) (If yes, give war of dates of service) SECURITY NO.	INFORMANT ADDRESS
L	yes Koreen M	rs. Rosa E. Scott Lynchburg, Virginia
	CAUSE OF DEATH	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	Pulmonary embolus minutes
	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or camplication which caused death.)	ONSEQUENCE OF: (main pulmonary artis)
	ANTECEDENT CAUSES	
	DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS A CONDITION last.	CONSEQUENCE OF:
	11	
ATION	☐ INC THE DEATH BUT NOT RELATED TO THE TERMINAL  AT A CONDITION GIVEN IN PART 1 (A).	relevation flert place yes
CERTIFIC	19A. DATE OF OPERATION 19R. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
CALCE	OR CONTRIBUTION CALLER OR	obout 21C. WHERE DID (If In Soltimore City, give exect location)
MEDI	21D-TIME (Month) (Doy) (Yeod (Houd 21E INJURY OCCURRED While At Work At Work	21F. HOW DID INJURY OCCUR?
	22. I certify that (i) (this hospital) attended the deceased from Me	sch 1. 1972 to March 9 1972
	that (1) (we) last saw the deceased alive an March	19 72 and that In(my) (out) apinion death accurred an the date
	and haur and from the causes stated above. (1) (We) (did) (did not) view	
	23A. SIGNATURE	23B, DATE SIGNED
	Mahma fry off M. Attendit	Director L. Phys. B 3-7-7 Z
	NAME (Type)	ADDRESS
24	MALINEE YUNYENGYING MD.	BSH.
1	24C. NAME of CEMETERY OF GREMA	
25	Burial 3-12-72 Fairmont Church	Cemetery Amherst Co., Virginia
	MAR 1 3 1972 Jabas & Jaban M.D.	NUTTER FUNERAL HOME 3035 W. NORTH AVE
A.2	'S 150-REV. 1/1/68	



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. FUNERAL DIRECTOR: IMPORTANT

0-65	2 72	02523	BALTIMORE CITY			DEC NO	מלי	02523
BIRTH NO.	NAME -	7	CERTIFICA	TE OF DE	ATH	REG. NO	16	<del>02523</del>
Type or Print)	ASED C	ORANI	CE		2. DATE A	ND HOUR OF DEATH	1	- 15
3. PLACE IN BALL	IMORE MARYLAND, W			A HEHAL BEELD	ENCE IMA	5/7/7-	2	7.15p.
a tenge iii anai	MORG MARIEARD, N	HEKE PRONOU	NCED DEAD	A. STATE	B. COUN	NTY	institution;	residence belore odinissio
FULL NAME OF HOSPITAL OR NSTITUTION	ADDRESS OR LOCA	AL OR INSTITUT	TION, GIVE STREET	MARYLA				27 40
STWAT	HOSPITAL	O=RAI	TTMORE	C. CITY OR TOW	TIMO	ORE D. IN	SIDE CITY I	_
1	1103.01170	01012	THORE,	E. STREET AND			1ES.K	No [_]
Tok				5910	O SI	MMBNOS	HUE,	21215
Male	6. RACE Black	7. MARRIED WIDOWED	NEVER MARRIED DIVORCED	8. DATE OF BIRTI	87	9. AGE (In years lost birthdoy)	If Unde Months	er 1 Yr. II Under 24 Hr Doys Hours Min.
			BUSINESS OR INDUSTRY	11. BIRTAPLACE	Stote or fore	ion country!	12. CIT	IZEN OF WHAT COUNT
one during most of w	orking lile, even if retired)					nga coomyr,	12.01	
SHOE MA		SELF	EMPLOYED	VIRG		AAE		USA
	ORANGE			LAUR				
. Wos Deceased	Ever in U. S. Armed For	res? II	6. SOCIAL	17. INFORMANT	A :			
es, no of unknown!	(If yes, give wor or date	s of service)	SECURITY NO.					ADDRESS
NO	0		219-32-2024	Mr. J. 1	Milto:	n Orange	5910	
18.436	17		CAUSE OF DEATH	1				APPROXIMATE INTERVAL BETWEEN ONSET AND DEA
	OR CONDITION DI	RECTLY				CV.A		0
(This does no	I meon the mode of	dying, e.g.,	(A) IMMEDIATE CAU	SE A CONSEQUENCE	ne.	CV. 7.		yays
heart failure, o	isthenia, etc. It means dication which caused	the discose,	50E 10, 0K A3 /	CONSEQUENCE	or:			V
	NTECEDENT CAUSES							
	R CONDITIONS, if	anv. aivina	(B)	A CONSEQUENCE	OF:	******************		
rise to the	above cause (A)	sloting the						
ONDERLING			(c)					
OTHER SIGNIFIC	II CANT CONDITIONS COI	VIRIBUTING						
TO THE DEATH	BUT NOT RELATED TO THE	E TERMINAL	******************	***************				***
DISEASE OR CO	OPERATION 198. CON	DITION FOR WI	HICH OPERATION	20A. AUTOPSY	Yes or No		FINDINGS	CONSIDERED
				NO		IN CERTIFYING CA	VOSE2 OF	DEATH?
OR CONTRIBUT	T WAS UNDERLYING	218, P home,	LACE OF INJURY (e.g., in lorm, foctory, street, aff	or obout 21 C. WH	ERE DID	(If In Boltime	ore City, gtv	re exact location)
DEATH (notify	medical examined	etc.)						
21D. TIME	(Month) (Doy) (Year)	1	NJURY OCCURRED		W DID INJ	URY OCCUR?		
(APPROX)		While Work	At Work					
22. I certify t	hat (N)(this hospital	attended the	deceased from	3/	S	1972 to		3/9 19 72
_	ast sow the decease		3/9	19.71			Inton den	th occurred on the da
			(We) (did) (d <del>id noi</del> ) vi			in timbe touch ab		50001102 011 1110 00
23A. SIGNATUR	E 1		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	5007 011			23 B. DAT	TE SIGNED
	19Ker	· Un	IVI I Dhue	ding Med	d. D	Staff D	7	3/9/2
23C-PHYSICIAN	rs nel	7	DEGMEE	3D. ADDRESS		Phys. R.J	1 7	11/12
TANKE TIY	87	KERI.	VFR	SIN	AT	HOSPITZ	71	/
4A. BURIAL CREM	ATION, 24B, DATE	24C. NAA	AE OF CEMETERY OF CREE		24D. L	OCATION (C	ity, town, o	or countyl (Stotel
Burial Burial	3-14-7		tus Meoria					
SA. DATE REC'D		258. NAME OF		L Pank		ltimore (	20.,	Maryland
IAR 1 2 197	12 Palent E.	allen M.		77.0			1025	
1 61 100			- 9	40TIEK	T. OME!	RAL HOME 3	5035	W. NORTH AV



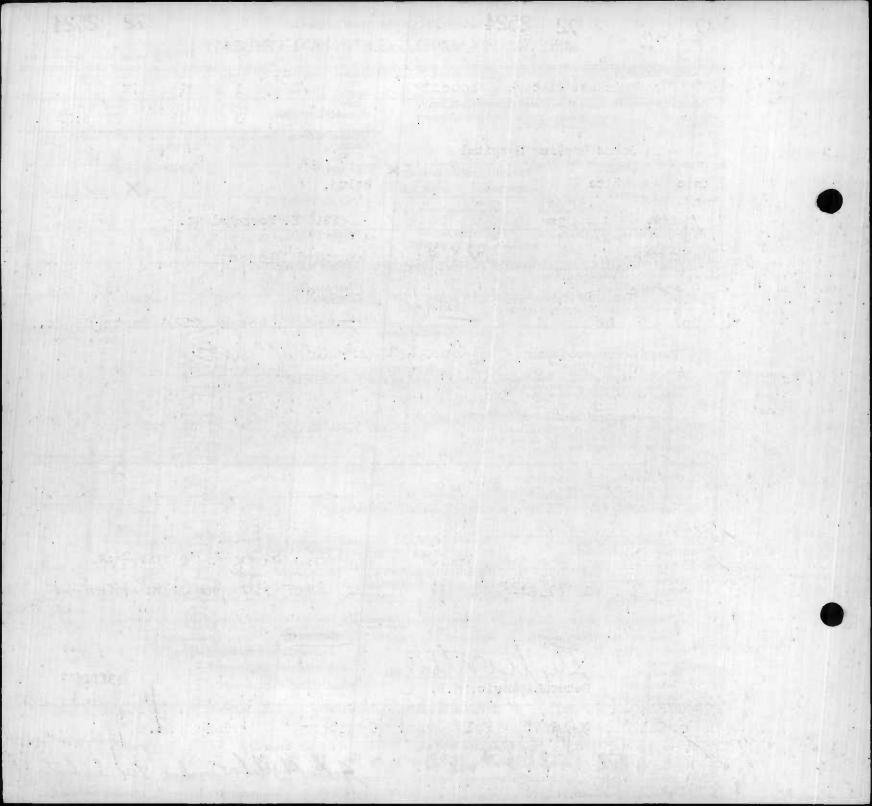
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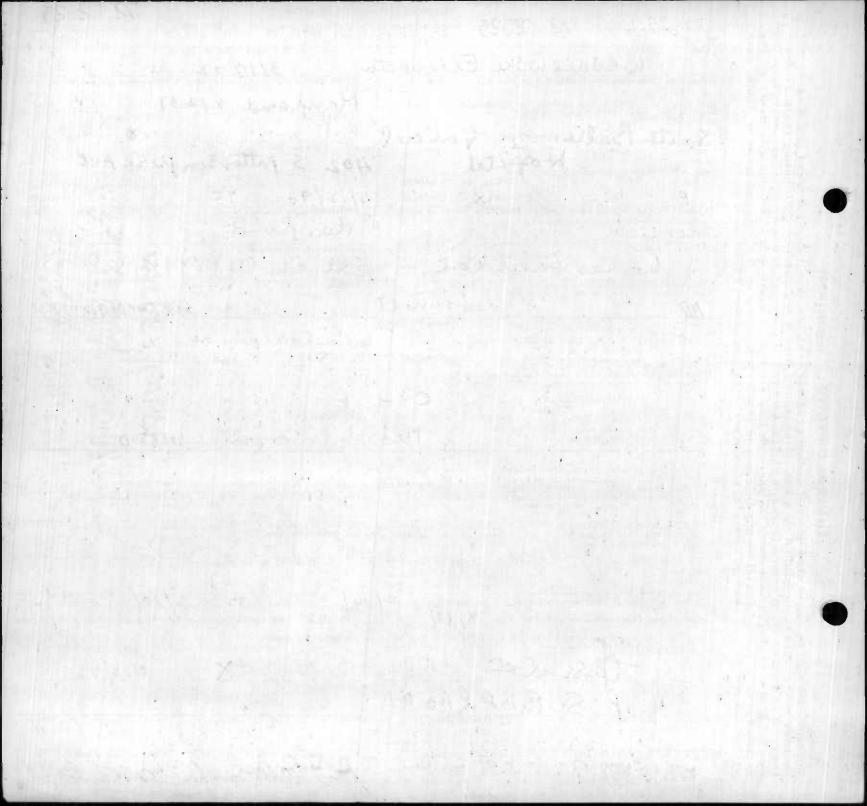
## 72 02524 BALTIMORE CITY HEALTH DEPARTMENT

72	02524

BIRTH NO.	4 MEI	DICAL I	EXAMINER'S	CERTIFIC	CATE OF	DEATI	REG. NO.		
I. NAME OF DEC (Type ar Print)		atzyk	(Plotezyk)	2. DATE OF DEATH	Known XX	Month 3	Day 11	Year 72	Haur
	TIMORE, MARYLAND,	WHERE PRO	NOUNCED DEAD	3. DATE	INICED DEAD	Month .	Day	Year	Hour '
FULL NAME OF HOSPITAL OR INSTITUTION	ADDRESS OR LOC		TION, GIVE STREET		INCED DEAD	deceased liv	11	72	5:35 a.
33	Johns Hopki	ns Hosp	oital	A. STATE Md			. COUNTY	jij de	05
6. SEX	7. RACE	B. MARRIED	NEVER MARRIED	C. CITY OR	TOWN		D. INSIDE CIT	TY LIMITS?	
male	White	WIDOWED	DIVORCED	Balto			YE	s 🖾 n	NO 🗆
9. DATE OF BIRT	H 10. AGE ( lost birthd 2.0	ay) Me	Under 1 Yr. If Under 24 Hrs. onths Days Haurs Min.		ND NUMBER	rtugal	St.		
II. BIRTHPLACE	State or foreign country)		CITIZEN OF WHAT COUNTRY?	13. FATHER	SNAME				L
14A USUAL OCCU	IPATION (Give kind of wor	114B, KIND O	F BUSINESS OR INDUSTR	MIS MOTHER	nard Plo	tezyk			
done during mast of v	warking life, even if retired					,,,			
MAS DECEAS	ED EVER IN U.S. ARME	D FORCES?	17. SOCIAL	18. INFORM	AANT		ΔΓ	DRESS	
	(If yes, give war ar dote:		SECURITY NO.	100					
119.	l no		CAUSE OF DEA	Rems	ard Plot	CEAS	227 5	Pontin	ROXIMATE INTERVAL
2-7	651/		(° ) +		a 1	1.1		BETWE	EEN ONSET AND DEAT
	E OR CONDITION DIR	ECTLY	Gunshol	Man	nd of	chert	-		
4.	LEADING TO DEATH not mean the made of d	ving, e.g.,	(A) IMMEDIATE	CAUSE AS A CONSEQ	UENCE OF				
heart loilure	e, asthenio, etc. It means th mplication which caused de	e disease,	00£ 10, 0k	AS A CONSEQ	DENCE OF:				
								2/1/2	
	NTECEDENT CAUSES		(B)	AS A CONSEC	WENCE OF				
RISE TO TH	OR CONDITIONS, IF AN E ABOVE CAUSE (A) ST.	ATING THE	DOC 10, OK	AS A CONSEC	POENCE OF:				
Z	NG CONDITION LAST.		(C)	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	*	*********			
	11								
TO THE DE	VIFICANT CONDITIONS ( ATH BUT NOT RELATED TO	THE TERMINA	G AL						
	CONDITION GIVEN IN		R WHICH OPERATION W	AC DEDECORA	ED.			Jos. Allyon	ACMA (V N-)
D ZOA. DATE OF	P OPERATION 200. CC	MUIIION FO	K WHICH OPERATION W	AS PERFORM	EU			21. AUTOR	PSY? (Yes or No)
_	NAME OF THE PARTY	loot	DIACE OF MILLIPLY		OC MUEDE DID	tu . n lu	Circ		
UNDERLYING	NAL CAUSE WAS DOR CONTRIB- AUSE OF DEATH.	hai	B. PLACE OF INJURY (e.g., me, farm, factory, street, affice Street	te bldg., etc.)	VIURY OCCUR?	eck Pa	11	u Aus	270
OF INJURY	(Manth) (Day) (Yes	,	22E. INJURY OCCURRED	2	2F. HOW DID IN				4
(APPROX.)	3 10 77	L652Pm	WHILE AT NOT	WHILE K	SHUT 1	sy un	KNOWN	1 4581	HILANT
23.				677		/	-		
I cert	tify that I held an	Inquiry	InspectionAu	topsy	and that an ti	his basis,	leath in my	apinian	
resul	ted from: Natural ca	uses	Accident Suici	de 📙 Ho	micide 🔀	Undetermin	ed manner		
ACTIVAL	T	/,	07/11/1		CHIEF MEDICAL E				DATE SIGNED
SIGNAT	A 1/	ill	VILLEMI	ASSI:	STANT MEDICAL E	XAMINER 3	X		
EXAMIN NAME (	IER'S Peter	Lipkov	ic, M.D.	ASSO	CIATE MEDICAL E	EXAMINER		3/	/11/72
24A. BURIAL CRE			24C. NAME of CEMETERY	or CREMATO	RY 24D.	LOCATION	(City, tawn	, or county)	(Stote)
REMOVAL (Speci		/72	Holy Rosary	Cemet	ery	Junda]	k I.d.		
25A. DATE REC'D	BY HEALTH DEPT,	25B. NAA	LOF REGISTRAR		UNERAL DIRECTO	OR		DDRESS	
MAR 1	3 1972 000	A 2 1	May ASAO		Z 21 12	. /	1		8 Chata



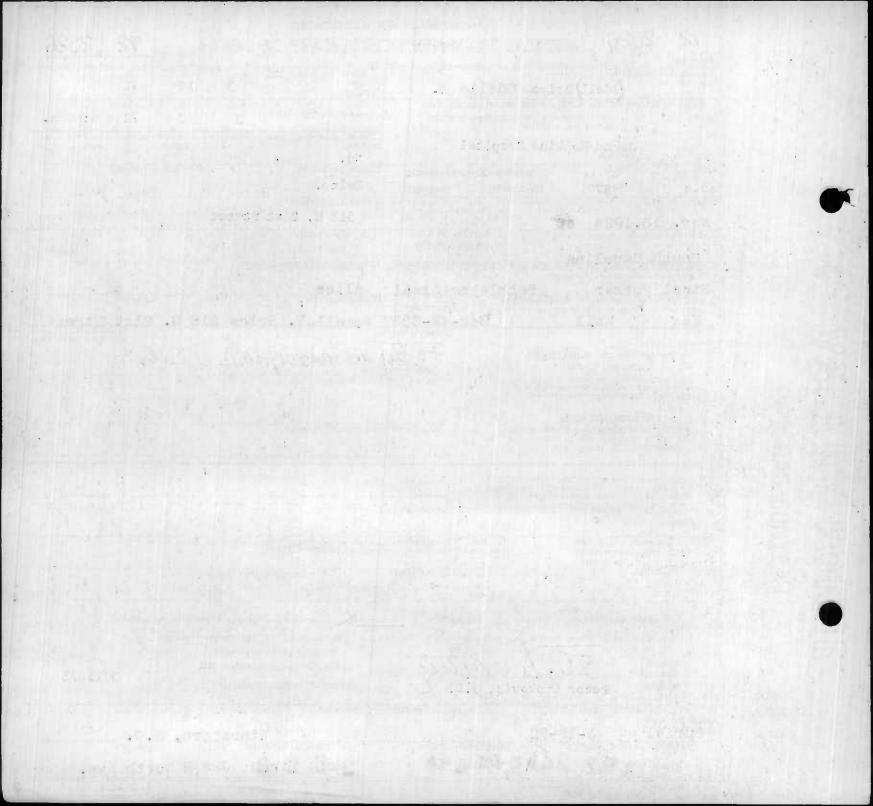
1	0)				ALTIMORE CITY	HEALTH DEPARTMENT		72 02525
BIR	U-25	7	72 025	25 c	ERTIFICA	TE OF DEATH	REG. NO	
	De or Print)	Wisni	Lewsk	i El	îzabet	h 31	10/72.	U- 14-05-P. M.
3. 1	PLACE IN BALT	TIMORE, MARYLAN	ND, WHERE PRO	NOUNCED	DEAG	A. STATE B. COU		titution: residence before admission)
HC	LL NAME OF	(IF NOT IN H	OSPITAL OR IN	STITUTION,	GIVE STREET	C. CILY OR TOWN	d. 2/23/	DE CITY LIMITS?
114:		Balti	wor	e - 80	meral	Ballino	re	YES 🗶 NO 🗌
1			Hosp.	ital		402 S. Pa	they son po	ark Aut
5. 5	SEX	6. RACE	7. MARR	IED NEV	ER MARRIED	B. DATE OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.
- 1	F	White	WIDOV		DIVORCED	4/12/96	75	
don		IPATION (Give kind working life, even if re		OF BUSINE	22 OK INDUSTRE	11. BIRTHPLACE (Stote or to	reign country!	12. CITIZEN OF WHAT COUNTRY?
	FATHER'S NAM	ΛE	0 (			14. MOTHER'S MAIDEN NA	AME 10 57	1 0 0 1
	Th	owas				Elizabe	ta gryg	by laster.
Ye:	wos Deceased s, no or unknown)	(If yes, give wor	ed Forces? or dates of servi		URITY NO.	17. INFORMANT		ADDRESS
	NO				54-6324-1		a Kozak 3436	GARDENULOURP
	1B. 3 9	FOR CONDITIO	N DISECTIV	C	AUSE OF DEATH	Intractable	0.0. 000	BETWEEN ONSET AND DEATH
		LEADING TO DE			AND MARCHATE CALL			
		This does not meon the made of dying, e.g., and failure, ashenio, etc. It means the disease,						
		plication which c			0 1.			
	A	ANTECEDENT CAUSES						
		DISEASES OR CONDITIONS, il ony, giving  DUE TO, OR AS A CONSEQUENCE OF:  ise to the above cause (A) stating the						
		CONDITION IO		(	0 121	yal incom	pelinceff	ASVD
7		- 11						
TIOI	TO THE DEAT	ICANT CONDITION H BUT NOT RELATED	D TO THE TERMIN				**************************************	
ICA		OPERATION 198	CONDITION F	OR WHICH	OPERATION	20A. AUTOPSY? (Yes or	o) 208. IF YES, WERE F	INDINGS CONSIDERED
CERTIFICATION	0		S PERFORMED				IN CERTIFYING CAU	ISES OF DEATH?
AL	21 A. ACCIDEN OR CONTRIBU DEATH (notify	TING CAUSE O	F ING	218. PLACE home, form, etc.)	OF INJURY (e.g., in factory, street, of	n or obout 21C. WHERE DID fice bldg., INJURY OCCUR?	(If in Boltimore	City, give exact location)
EDIC	21 D. TIME	(Month) (Doy)	(Year) (Hour)	21 E. INJURY	OCCURRED	21 F. HOW DID IN	IJURY OCCUR?	
×	(APPROX.)			While At C	Not While	· 🗆		
	22. I certify	that (1) (this ha	snital) attend			1141	1972 10 3/	10/ 1972,
		last saw the de	and the second second	01	10/	19 7 2 and		lan death occurred an the date
				(	(did) (did nat) v	iew the bady after death		
	23A. SIGNATU				20.2			23B, DATE SIGNED
		188	2	A	Atte	nding Med. Director	Shaff Phys.	3/10/72.
	23C. PHYSICIA NAME (T	N's ypel D.	RR	AP	GEOREE	23D. ADDRESS		
24/	A. BURIAL CREA		TE 24	C. NAME of	CEMETERY OF CRE	MATORY 24D.	LOCATION (Cit	y, town, or county) (Stote)
	Burial	3/1	4/72	Holy F	Reedemer	Cometery .	eleir DA 1	
		BY HEALTH DEPT	25B. NA	ME OF REGIS	TRARO	25C FUNERAL DIRECTO		HOIS OF AA SA
vs	150-REV. 1/1/6	B SINC JOS	Activities and			1 ohn / / Webe	Dono fire	10134 healer 31



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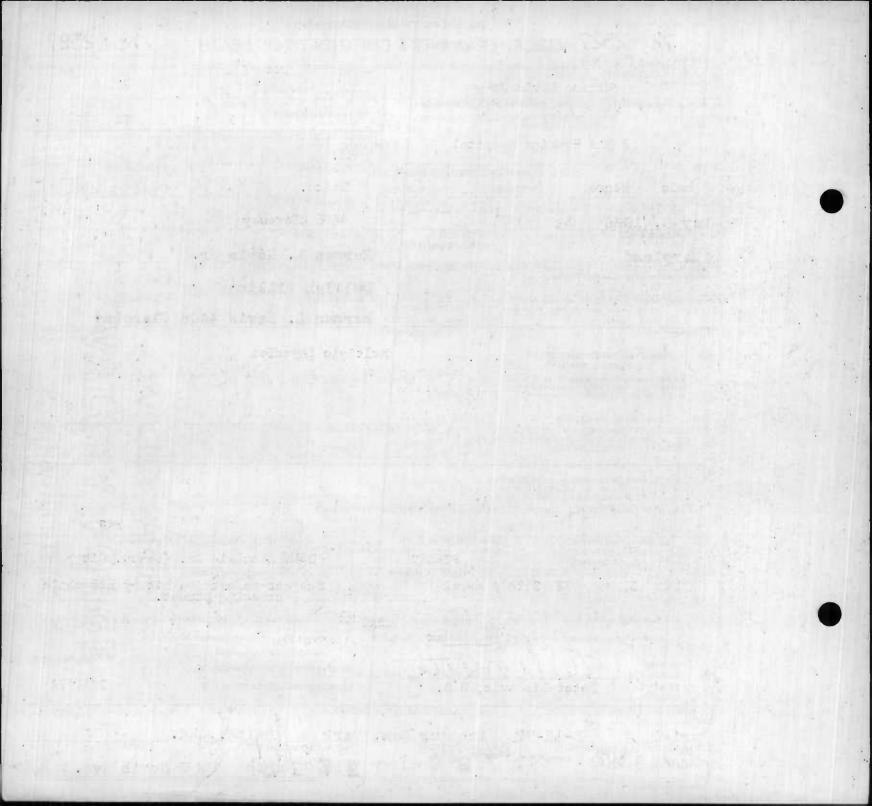
72 02526 MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO. 72 02526

BIR	TH NO.												
1. <b>f</b> (Typ	NAME OF DECI		ll)Bri	ce, 0	delle	e W.	2. DATE OF DEATH	Known XX  Estimoted	Month 3	10 10	72	Hour	М.
4. F	LACE IN BALT	MORE, MA	RYLAND, V	VHERE PR	ONOUNG	CED DEAD	3. DATE		Month	Doy	Yeor	Hour .	
FUL HOS	L NAME OF SPITAL INSTITUTION	(IF NOT	TIN HOSPITA	AL OR INS			PRONOI	JNCED DEAD	3	10	72	4:50	p. M.
		Johns	Hopki	ns Ho	spita	1	A. STATE	ESIDENCE (Where		B. COUNTY	i: residence i	90	8
6. 5	EX	7. RACE		B. MARR	IED X NE	EVER MARRIED	C. CITY OR	TOWN		D. INSIDE CI	TY LIMITS?		
-	le	Negro		WIDOV	VED 🔲	DIVORCED	Balt			YE	s 🗆	NO 🗌	
	lov. 13		10. AGE (In lost birthdo			Yr. If Under 24 Hrs. loys   Hours   Min.		E. 21st	Street				
	BIRTHPLACE (S				12. CITIZI WHAT	EN OF COUNTRY?	13. FATHER	S NAME					
		ATION (Give	kind of work	14B. KINC	OF BUSI	NESS OR INDUSTR	Y 15. MOTHE	R'S MAIDEN NA	ME				
-	during most of w		en ii retirea)	Date	1.7.1.	04 3	ATA						
	WAS DECEASE		I C ADALE		niene	em Steel	IB. INFOR			Al	DDRESS		
	, no or unknown)				)	SECURITY NO.	IB. HAPOKI	MAINI		Al	DUKESS		
	Yes	WW.	II		248	3-42-303	7 Moze	lleV. Br	ice 5	18 E.	21st	Stree	et
	19.	18				CAUSE OF DEA					AF	PROXIMATE II	MIERVAL
	5/	/ 10				7 700		/	0 -	00		VEEN ONSET A	IND DEATH
		OR COND		CTLY		Tall	1 wet	amoras	1081	of live	V		
		EADING TO				(A)IMMEDIATE				1			
	(This does no heart loilure, injury or com	osthenio, etc.	. It means the	e diseose,		DUE TO, OR	AS A CONSEC	UENCE OF:		V			
	AN	TECEDENT	CAUSES			(B)							
	DISEASES O					DUE TO, OR	AS A CONSE	QUENCE OF:					
	RISE TO THE UNDERLYIN			TING THE							- 1		
Z	OTTOLINETH	O COMPIN	OIT LAST.			(C)							
읦			11										
K	OTHER SIGNI												
프	DISEASE OR												
CERTIFICATION						CH OPERATION V	AS PERFORM	NED			21. AUTO	PSY? (Yes	or No)
핑													,
	0												
MEDICAL	22A. EXTERN UNDERLYING UTING ☐ CAL		TRIB-			E OF INJURY (e.g. n, foctory, street, offi			(If in Boltimo	re City, give exc	oct location)		
Σ			oy) (Yeo	r) (Hou	r) 22E.1N	JURY OCCURRED	- 2	2F. HOW DID IN	JURY OCCI	JR?			
	OF INJURY				WHILE	AT D NO	T WHILE						
	(APPROX.)				m. WORK	L AT	WORK						
	23.				<b>-</b>		1071						
	I certi	fy that I he	eld on	nquiry [	Ins	pection A	utapsy	and that an t	his basis,	death in my	opinion		
	result	ed fram: N	atural car	ses X	Accid	ent Suici	de H	miclde	Undetermi	ned manner [			
			-	-7				CHIEF MEDICAL	EXAMINED				
	ACTUAL	- '	7/	1,	111	1711						DATE SIG	NED
	SIGNATU	RE	AU	M	UYI	My M.	D. ASSI	STANT MEDICAL	EXAMINER 4		3	/11/72	
	EXAMINE NAME (T	1 0	ter Li	pkov:	ic, M.	D. U	ASSC	CIATE MEDICAL	EXAMINER		5,	111/12	
	A. BURIAL CREM	ATION, 2	4B. DATE		24C. N	AME of CEMETERY	or CREMATO	DRY 24D.	LOCATION	(City, town	n, or county	) (Ste	ote)
	Burial		3-16-	72				181	innah	ono c	C		
25	A. DATE REC'D			_	IAME OF	REGISTRAR	250	FUNERAL DIRECT	innsb	01.0	DOPESS		
237			- 0		200	C be D				A	DDKE33		
	MAR	3 4/	2 166	448	Author	246	0 2Wh	n C Marc	h 92	8 E No:	rth A	ve-	



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72 2527 MEDICAL EXAMINER'S	CERTIFICATE OF DEATH	72 02527
BIRTH NO. 1:6 - 04554	REG. NO.	
1. NAME OF DECEASED L.	2. DATE Known Month Doy	Yeor Hour
(lype or Print) Herman Davis Jr	OF DEATH Estimoted   3 9	72 <sub>м.</sub>
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Doy	Yeor Hour
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR INSTITUTION	PRONOUNCED DEAD 3 9  5. USUAL RESIDENCE (Where deceased lived, if institution	72 3:34 p. M
Johns Hopkins Hospital	A. STATE B. COUNTY	2653
6. SEX 7. RACE B. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE C	TY LIMITS?
male Negro WIDOWED DIVORCED	Balto.	ES NO
9. DATE OF BIRTH 10. AGE (In years   # Under 1 Yr. If Under 24 Hrs.   Months, Doys   Hours   Min.   May 9, 1966   5½		
11. BIRTHPLACE(State or foreign country) 12. CITIZEN OF	13. FATHER'S NAME	
Maryland WHAT COUNTRY?	Herman L. Davis Sr.	
14A.USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTR	Y 15. MOTHER'S MAIDEN NAME	
done during most of working life, even if retired)	Delilah Williams	
16. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL		DDRESS
Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO.	Herman L. Davis 4406 Cl	areway
19. CAUSE OF DEA		APPROXIMATE INTERVAL
28/7/	Multiple injuries	BETWEEN ONSET AND DEATH
LEADING TO DEATH	Multiple injuries	
(This does not mean the mode of dying, e.g., DUE TO, OR	CAUSE AS A CONSEQUENCE OF:	
heart foilure, osthento, etc. It means the disease, injury or complication which caused death.)	AN A CONSEQUENCE OF	
ANTECEDENT CAUSES (B)	AS A CONSEQUENCE OF:	
RISE TO THE ABOVE CAUSE (A) STATING THE	AS A CONSEQUENCE OF:	
Z UNDERLYING CONDITION LAST. (C)		
QE II		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  20A. DATE OF OPERATION   20B. CONDITION FOR WHICH OPERATION W		- P. J.
DISEASE OR CONDITION GIVEN IN PART 1 (A).  20A. DATE OF OPERATION   20B. CONDITION FOR WHICH OPERATION W	AS DEDECTMEN	21. AUTOPSY? (Yes or No)
DATE OF OPERATION 1200. CONDITION FOR WHICH OPERATION W	AS PERFORMED	yes
	Lanc Murrer Dip W	
O HAIDERIVIAIC TOO CONTRIB	, in or obout 22C. WHERE DID (If in Boltimore City, give exceeded, etc.) INJURY OCCUR?  3800 Sinclair La. (Ba	
		alto. City)
OF INJURY 2 9 72 3.20 SHILLER	22F. HOW DID INJURY OCCUR?	hr on while
I (ADDROV) J J /2 J.20 DIWHILE AI FT NO	Subject pedestrian hit crossing street.	by car while
	stapsy 🖾 and that an this basis, death in my	apinian
	de Hamicide D. Undetermined manner [	
Accident IXX Suici		
ACTUAL (1) 11 10 11 11	CHIEF MEDICAL EXAMINER	DATE SIGNED
SIGNATURE M.		0/20/70
EXAMINER'S Peter Lipkovic, M.D.	ASSOCIATE MEDICAL EXAMINER	3/10/72
NAME (Type)  24A. BURIAL CREMATION,   24B. DATE   24C. NAME of CEMETERY	or CREMATORY 24D. LOCATION (City, low	n, or county) (Stote)
Burial 3-13-72 Arbutus Men	n Pank Balto Md	
25A. DATE REC'D BY HEALTH DEPT. A 23B. NAME OF RECURAR		DDRESS
MAR 13 1972 vieter	O W W C March 928 E No	
VS 151-REV. 1/1/6B		



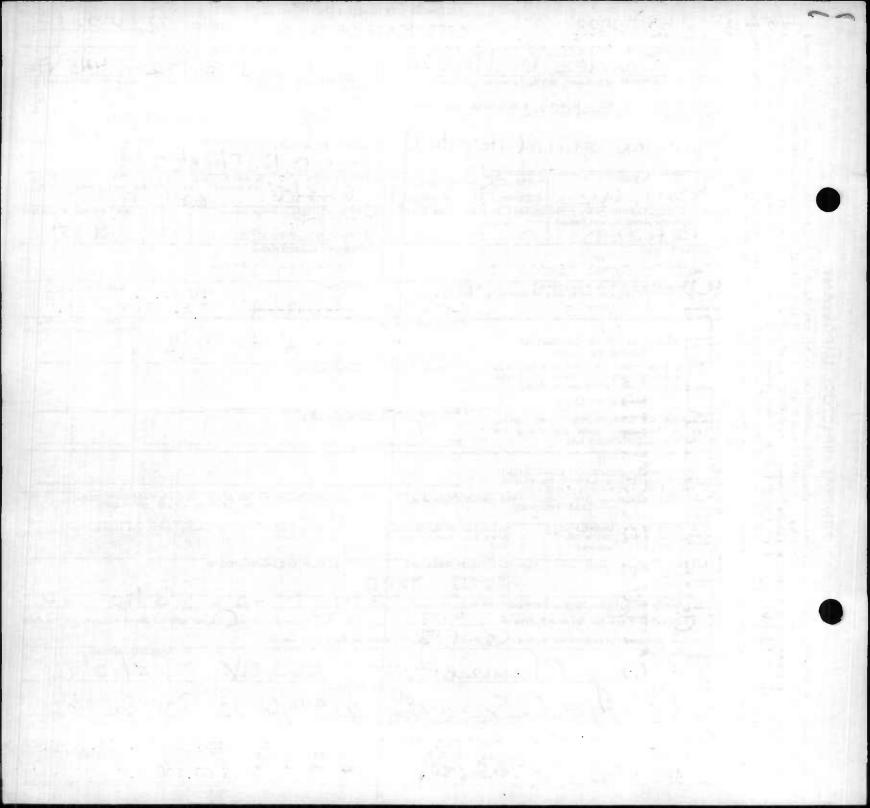
the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such by written approval must be obtained before the remains are embalmed or final disposition is made. a hospital and This contificate must be approved by the chief medical examiner or his assistant if death occurred in

## BALTIMORE CITY HEALTH DEPARTMENT

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B B V						

EG.	NO	72	02528	?
	_			7

BIRTH NO. 72	2 02528		CERTIFIC	ATE OF DEAT	TH REG. NO.	72 0	2528
Type at Print)	MASED (Vladim	nik Kane	A Milto	7	ATE AND HOUR OF DEA	TH I	445 A.
3. PLACE IN BAL	TIMORE MARYLAND, W	VHERE PRONOUN		14. USUAL RESIDENC	E (Where deceased lived.	If institution; re:	sidence before admission
FULL NAME OF HOSPITAL OR INSTITUTION	(IF NOT IN HOSPIT ADDRESS OR LOCA	TAL OR INSTITUTION	ON, GIVE STREET	C. CITY OR TOWN	COUNTY	INCIDE CITY III	1205
NOTUTITZNI			· + 0	C.CIT OKIOWN	1	VEST	NO
Morry	IAN Gene	ru (140	spim e	E. STREET AND NUM	N. Char	1	4.
S. SEX	6. RACE	7. MADDIEN	NEVER MARRIED	8. DATE OF BIRTH	12 19 AGE (In years	If Under Months!	1 Ye, If Under 24 Hes
Moz	White	WIDOWED	DIVORCED	6-R7-1	last birthday)		Days Hours Min.
IOA. USUAL OCC				RY I I BIRTHPLACE (State	of foreign country)		EN OF WHAT COUNTR
	working life, even if refired)			Brusperk	,		USA
1004	(18ED	Seaman		Czechoslo			00211
3. FATHER'S NA	ME			14. MOTHER'S MAID			
Vladimi	r Karel Zir	ndle ?		Adolfi	ina Hilla		
S. Wee Deceased	Ever in U. S. Armed For	rees?	SECURITY NO. A	17. INFORMANT	Mns C	has D	Hamilton
			65-03-29/	1 0100	Y 4 7 1800	M Char	cles St.
Yes	WWII ?	<u>}</u>	CAUSE OF DEA	- 0 0	GEST 1000	N. OHAI	APPROXIMATE INTERVAL
DISEASES (inise to the UNDERLYING TO THE DEAT DISEASE OR COUNTY TO THE DISEASE OR COUNTY TO	asthenia, etc. It means application which caused ANTECEDENT CAUSES OR CONDITIONS, if e obove cause (A) G CONDITION idet.  II FICANT CONDITIONS CO THE BUT NOT RELATED TO TO CONDITION GIVEN IN PARFOPERATION 198. CON WAS PER NT WAS UNDERLYING UTING CAUSE OF medical examinest	any, giving stating the provided the stating the provided the stating the provided the stating the sta	(C)	20A-AUTOPST? (You in or obout 21 C. WHERE office bidge (NJURY OC)	os or No.) 208, IF YES, W. IN CERTIFYING	ERE FINDINGS CAUSES OF D	
D 21D. TIME	(Month) (Doy) (Year)	(Hous) 21E, IN	JURY OCCURRED	21F. HOW E	DID INJURY OCCUR?		
E OF INJURY		White	At Wa				
	. 60444	Work		2 10	70 //	211	7
226 Legitly	that (1) (this hospita	il) attended the	deceased from	3 19		<u> </u>	19
	last sow the decease				ond that in (my) (our)	opinion deat	h occurred on the do
and hour an	d from the couses sto	ted obove (1) (	We) (did) (did not)	view the body ofter	death.		
23A. SIGNATI							
	URE /	204	1			23B, DATE	SIGNED /
200 20000	eergo (	Same	1	thending Med.	□ Shaff \□	23B, DAT	SIGNED 16172
23C. PHYSICIA NAME (1) 24A. BURIAL CRE REMOVAL	UNT 90 ( AN'S SOCOE EMATION, 1246, DATE	Same Ci Sa 124C. NAM	ack ma A A Socoa	Med. Director		2 Sewer	A ( A S)  (Stolet
06	UNT 90 ( AN'S SOCOE EMATION, 1246, DATE	Same Ci Sa 124C. NAM	ALLS GEGREE P	Hending Med. Director  23D. ADDRESS  APRIL	Shoff Phys. (A)	2 School	16/72 A(1650 r county) (State)
24A. BURIAL CRE REMOVAL Burial	UNT 90 CAN'S Typel SONE EMATION, 244 DATE (Specify)	Same Ci Sa 124C. NAM	ALS AGGREE P	Med. Director    23D. ADDRESS   MARCON   CERMATORY    CHETY   25CC   UNEXAL DE	Shoff Phys. (A)	Colly, town, or	A 14050
24A. BURIAL CRE REMOVAL Burial	ANS Typel  SOLUTION STATE (Specify)  SY HEALTH DEPT.  13 1972 746	24c, NAM 72 WOOD	ALS AGGREE P	Med. Director    23D. ADDRESS   MARCON   CREMATORY   CTOPY	Shoff Phys. (A)	Coly, lown, or Balto.	16/72 A(1650 r county) (State)



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. written approval must be obtained before the remains are embalmed or final disposition is made. FUNERAL DIRECTOR: IMPORTANT was D.O.A. at a hospital (except where the physician who pronounced

MAR 1 3 1972

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BALTIMORE CITY HEALTH DEPARTMENT

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BIRTH NO. 7	2 02529		CERTIFICA	TE OF DEATH	REG.	NO	/2 (125/29
I. NAME OF DE	CEASED			2. DATE A	ND HOUR OF	DEATH	
(Type or Print)	CHARL	ES H.	LIEBIG	Marc	h 10,	1972	112:45 A. M.
3. PLACE IN BA	LTIMORE, MARYLAND, W	HERE PRONOUN	CED DEAD	4. USUAL RESIDENCE (Wh		ved. If insti	tution: residence before admission)
FULL NAME OF	(IF NOT IN HOSPIT, ADDRESS OR LOCA	AL OR INSTITUTION	ON. GIVE STREET	Md.			2609
HOSPITAL OR				C. CITY OR TOWN			E CITY LIMITS?
	3828 Huds			Baltimore		,	YES NO .
00	Baltimore	, 2122	.4, Md.	3828 Hudso	n St.	# 212	224.
. SEX	6. RACE	7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In ye	eors	If Under 1 Yr. II Under 24 Hrs. Months: Days Hours Min.
Male	White	WIDOWED	DIVORCED	9-7-03.		68	7,000
	UPATION (Give kind of work working life, even if refired)	10B. KIND OF BL	SINESS OR INDUSTRY	11. BIRTHPLACE (State or for	eign country)		12. CITIZEN OF WHAT COUNTRY
arehous		Beth. S	teel Co.	Baltimo	re . M	d.	U.S.A.
FATHER'S NA	ME			14. MOTHER'S MAIDEN NA			
	John A. Lie	ebiq		Math	ilda N	olte	
. Wes Deceese	d Ever in U. S. Armed For	ces?  16	SOCIAL	17. INFORMANT			ADDRESS
No	(If yes, give war or dote		SECURITY NO. 2-09-3840	Mary M. Lie	big		Same.
1B. //	2.9		CAUSE OF DEAT	H			APPROXIMATE INTERVAL
UNDERLYIN	OR CONDITIONS, il te obove cause (A) G CONDITION last,  Il FICANT CONDITIONS CO TH BUT NOT RELATED TO TO	sloling the	(c)	enal Wiley	••••••		5 Yr s
	F OPERATION 198 CON WAS PERI	T 1 (A). DITION FOR WH		20A. AUTOPSY? (Yes or N	o) 208. IF YES	WERE FIN	NDINGS CONSIDERED SES OF DEATH?
OR CONTRIB	NT WAS UNDERLYING UTING CAUSE OF	21 B. PL home, etc.)	ACE OF INJURY (e.g., i form, foctory, street, o	n or obout 21C, WHERE DID	{If Ir	8 oltimore	City, give exact location)
21 D. TIME OF INJURY (APPROX.)	(Month) (Doy) (Yearl	(Hour) 21E, IN While Work	At Not While	21F. HOW DID IN	JURY OCCUR	2	
that (I) (we	that (1) (this haspital	d alive an	Parch 6,	19 72 and 1	hat In(my) 6		an death accurred an the date
234. SIGNAT		red abave. (1) (	Wa)-(did) (did nat) v	riew the bady after death	•		23B. DATE SIGNED
4	71 4	7. 60	ZM FF AHN	ending Med.	Staff		
23 C. PHYSICI	ans N. 10	will	DEGREE	nding Med. Director  23D. ADDRESS	Phys.		March 13 1972
NAME (	Typel	H. GASK			nkling		Balto.,21224,Md
4A. BURIAL CR	EMATION, 24B. DATE	24C. NAM	E of CEMETERY er CR	EMATORY 24D.	LOCATION	(City,	, town, or countyl (State)
Buria		72.	Dak Lawn C	emetery 72	225 Eas	tern	Blvd.Ba.Co., Md
	BY HEALTH DEPT.	258. NAME OF	REGISTRAR	25 CAPUNERAL DIRECTO			Conk Little St.
MAR	1 3 1972 Pake	BE. Fall	w, 26.8. 4	Charles &			,21224,Md.

A LONG COLUMN LI 111 . . . a Caskadi CONTRACTOR OF STREET drumewat-tem Both. : Betl Co. Teller shill take THE STATE OF THE S 

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. Y. (	BALTIMORE CITY HEALTH DEPARTMENT	-	
72 ( 253 MEDICAL	EXAMINER'S CERTIFICATE OF	DEATH	72 02530

BIRTH NO.		REG. NO.	~000
1. NAME OF DECEASED ( MARY R. MALASHUK )  Mary Malashuk	2. DATE KnownX& Month OF Stimated  3	10 72	
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month	Doy Yes	
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL ADDRESS OR LOCATION) OR INSTITUTION	PRONOUNCED DEAD 3  5. USUAL RESIDENCE (Where deceased li		72 3:03 p. <sub>M.</sub>
Balto. City Hospital	A. STATE Md.	Baltimo:	17-
6. SEX 7. RACE B. MARRIED NEVER MARRIED	C. CITY OR TOWN	D. INSIDE CITY LIMIT	rs?
female White WIDOWED DIVORCED	Eastpoint	YES 🗌	ио 🛛
9. DATE OF BIRTH Mar. 29, 1925  10. AGE (In years   If Under 1 Yr. If Under 24 Hrs. Months, Days, Hours   Min. 45? (45)	F. STREET AND NUMBER 7704 Wynbrook	Attentis Rd	# 21224
Baltomore, Md. 12. CITIZEN OF WHAT COUNTRY?	13. FATHER'S NAME Herman F.		
14A. USUAL OCCUPATION (Give kind of work 14B. KIND OF BUSINESS OR INDUSTRY done during most of working life, even if retired)	15. MOTHER'S MAIDEN NAME		
House Work At Home	Mary E. Ei	nhaus	
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no arunknawn) (If yes, give wor or dates af service) NO	IB. INFORMANT	ADDRESS	
119. CAUSE OF DEA		UK 38	APPROXIMATE INTERVAL
1 / 1 / 1 /			BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY  LEADING TO DEATH  (A)IMMEDIATE C	TIPLE INJURIES		
(This does not meon the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury ar complication which caused deoth.)	S A CONSEQUENCE OF:		0.000 00000000 0 W 0 W 0 0 000 0 000 0 W 00
ANTECEDENT CAUSES (B)			
	AS A CONSEQUENCE OF:	********************	
II I IINDERLYING CONDITION LAST			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WA	AS PERFORMED	21. Al	UTOPSY? (Yes ar Na)
22A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB. 22B. PLACE OF INJURY (e.g., home, farm, factary, street, affice	in ar about 22C. WHERE DID (if in Baltimo bldg., etc.) INJURY OCCUR? EASTERN AV	re City, give exact lacation	on)
22D TIME (Month) (Dow) (Year) (Hours) 22E INTURY OCCUPATED	4 / 22F HOW DID INITIDY OCC	E/NORTH P	ISCUD
(APPROX.) 3 10 72 1:300 WHILE AT NOT AT W	WHILE PEDESTRIAN		BY AUTO
23.	topsy ond that on this basis,	death In my onlain	n
resulted from: Natural courses Accident Suicid		ned monner	
	CHIEF MEDICAL EXAMINER		
SIGNATURE SUBLIVIUUS M.D	ASSISTANT MEDICAL EXAMINER	XXX	DATE SIGNED
EXAMINER'S CPeter Lipkovic, M.D.	ASSOCIATE MEDICAL EXAMINER		/11/72
REMOVAL (Specify)  Burial  3-14-72  Dak Law			d., Ba.Co., Md
25A. DATE REC'D BY HEALTH DEPT.   25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR		onkling St.
MAR 1 3 1972 Rober E. Feibel M.D.	2 Shorten & Seiler	Balto.,	21224, Md.
VS 151-REV. 1/1/6B			

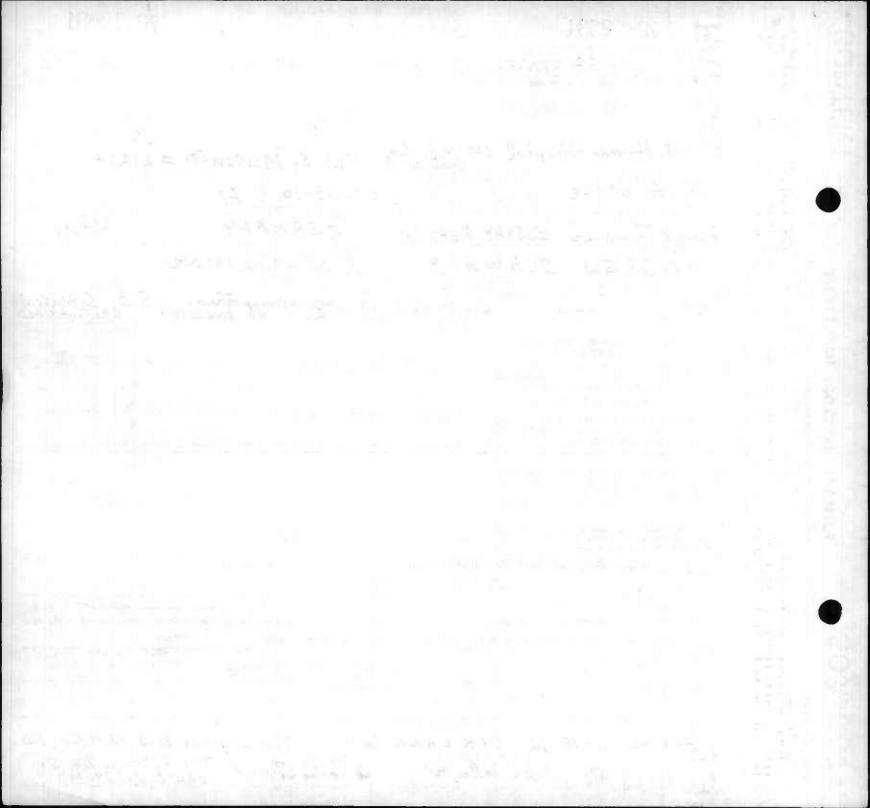
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was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased IMPORTANT FUNERAL DIRECTOR:

BALTIN	AORE	CITY	HEALTH	DEPA	RTMENT	ľ

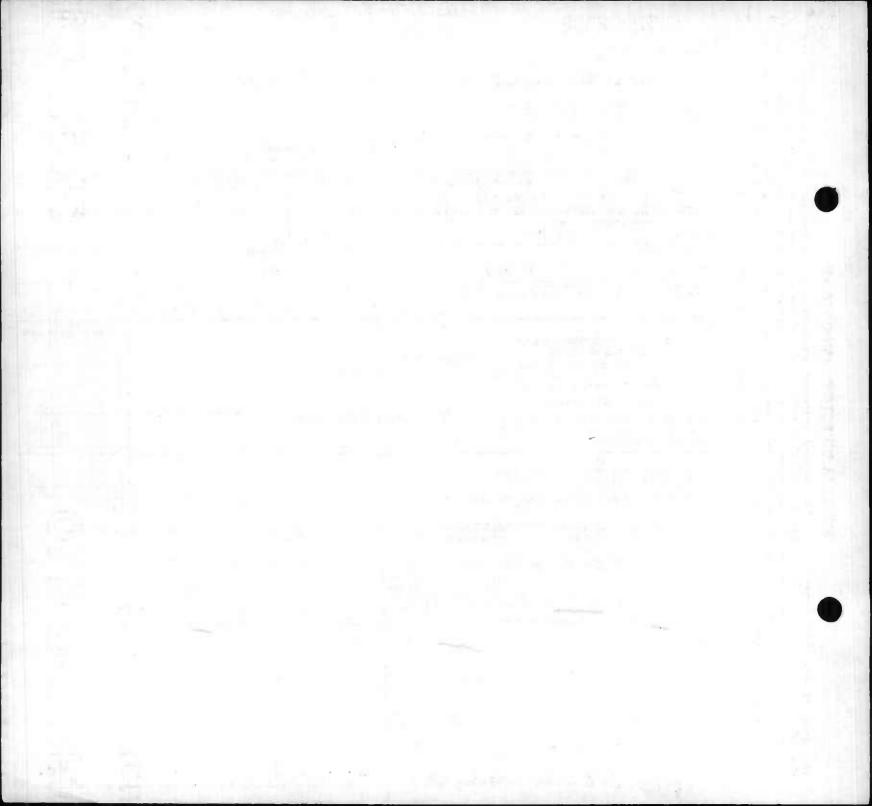
REG.	NO	72	(	2531

BIRTH NO. 72 (2531 CERTIFICA	ATE OF DEATH REG. NO. 12	1.2031
I. NAME OF DECEASED  (Type of Pant)  LANGBARTNER BARBAR	2. DATE AND HOUR OF DEATH 12 MONT2	4:30 A.M.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, If institution: les	sidence before admission)
FULL NAME OF HOSMTAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	C. CITY OR TOWN D. INSIDE CITY LIM	AITS?
	Balto. YES	NO [
Church Home & Haspital. 100. N. Brudum	0 13 0. 140. 01.	
Female 6. RACE with the windowed Divorced D	8. DATE OF BIRTH 9. AGE (In years lost birthday) Nonths	l Yr. II Under 24 Hrs. Days Hours Min.
OA USUAL OCCUPATION (Give kind of work 10 B, KIND OF BUSINESS OR INDUSTRY long during most of working life, even if refired)  ESSKAY MEAT Co.	Y 11. BIRTHPLACE (Stote or foreign country) 12. CITIZ  GERMANY	EN OF WHAT COUNTRY?
3 FATHER'S NAME ANDREW SCHWALB	Katherine Make	
5. Wes Deceased Ever in U. S. Armed Forces?   16. SOCIAL	17. INFORMANT	ADDRESS
NO 216-28-9930	George Langgartner 51.	3- Si Macons BALTO, 24, MD
18. 15 3. 31 CAUSE OF DEAT	TH B	APPROXIMATE INTERVAL ETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	- Co to Polos - last	1 00 11-
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	SACONSEQUENCE OF:	rounds
n	mia Stanzahan dueto	lyean
DISEASES OR CONDITIONS, if eny, giving DUE TO, OR AS	S A CONSEQUENCE OF:	1900
see to the chara source (A) eleting the	no Cardinoma Signord.	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL OISEASE OR CONDITION GIVEN IN PART 1 (A).	station in live & Interioral dos mus	
172-12-71 19R CONDITION FOR WHICH OPERATION WAS PERFORMED		CONSIDERED PEATH?
U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY 10.54	in or obout 21 C. WHERE DID (If In Boltimore City, give office bidg, INJURY OCCUR?	exact location)
21D.TIME (Month) (Doy) (Yees) (Hous) 21E INJURY OCCURRED While Af Not White At Not Work (APPROX.)	216 HOW DID INJURY OCCUR?	
22. I certify that (I) (this hospital) attended the deceased from		1-72-19
that (1) (we) last sow the deceased alive an 11 Man7		
and hour and from the couses stated above. (1) (We) (did) (did not)		
23A, SIGNATURE		SIGNED
06.	tending Med. Stoff Phys. 3/12	1.72
23C. PHYSICIAN'S S. P. GIRD HAR MD.	23D. ADDRESS CHUNCH HOME & HOSPITAL	
24A. BURIAL GREMATION, 24B. DATE 24C. NAME of CEMETERY OF CI BURIAL 3-15-72 OAK LAWN	REMATORY 24D. LOCATION (City, fown, or	
25A. DATE REC'D BY HEALTH DEPT. 1 1256 NAME OF REGISTEAR		
MAR 1 3 1972 Palent E. Jaben, M. B.		NR29256 5T.
VS 150-REV. 1/1/68		



## FUNERAL DIRECTOR: IMPORTANT y the chief medical examiner or his assistant if dea

BALTIMORE CITY HEALTH DEPARTMENT 72 (2532 if death occurred in a hospital and rect or contributing cause of death (4) Undetermined cause; (5) Deceased was in regular attendance on the CERTIFICATE OF DEATH Such BIRTH NO. I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH LEO NORA ARQUETTE (Type or Print) death. 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE 8. COUNTY 3. PLACE IN BALTIMORE, MARYLANO, WHERE PRONOUNCED DEAD M BAUTIMO FULL NAME OF HOSPITAL OR INSTITUTION, (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET AODRESS OR LOCATION! C. CITY OR TOWN D. INSIDE CITY LIMITS? 0 NO X prior E. STREET AND NUMBER 902 made. 5. SEX 8. DATE OF BIRTH 7. MARRIED NEVER MARRIED 9. AGE In Il Under 24 Hrs. Il Under 1 Yr. Months! Ooys deceased Hours lost birthdox WIDOWED DIVORCED 0 10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State of foreign country done during most of working life, even if refired) 12. CITIZEN OF WHAT COUNTRY? disposition RETIRED - SELF EMPL DYED TEACHER 13 FATHER'S NAME the 14. MOTHER'S MAIDEN NAME ALBERT KOKF CATHERINE death no kind; 15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown! (Iff yes, give war or dotes of service) 17. INFORMANT 1 6. SOCIAL final SECURITY NO. attendance FC07 dny CAUSE OF DEATH pronounced 50 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY embaimed fracture of LEADING TO DEATH (A) IMMEDIATE CAUSE (This does not mean the mode of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF heart failure, asthenia, etc. It means the disease, regular injury or complication which caused death.) who ANTECEDENT CAUSES DUE TO, OR AS A CONSEQUENCE OF: Gre 4 DISEASES OR CONDITIONS, if any, giving 9 rise to the above cause (A) stating the physician before the remains UNDERLYING CONDITION last Was any nature; (2) Body burns; CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING physician TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). the 19A. OATE OF OPERATION 198 CONDITION FOR WHICH OPERATION 208, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 20A. AUTOPSY? (Yes or No) 0 WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 218. PLACE OF INJURY (e.g., in or about 21 C. WHERE DIO home, form, factory, street, office bldg., INJURY OCCUR? where (If-in Boltimore City, give exact location) to the hospital °× MEDICAL OEATH (notify medical exemined obtained 21D. TIME (Day) (Year) (Hour) 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 9 OF INJURY approved (except While At Not While (APPROX.) pup Work At Work 22. I certify that (1) (this hospital) attended the deceased from that (i) (we) lost saw the deceased alive on and that in (my) (our) opinion death occurred on the date An accident of death) hospital the body was released and hour and fram the causes stated obove. (1) (We) (did) (did not) view the bady after death. must 23A. SIGNATURE 238, DATE SIGNED Attending Med. Staff 10 approval Phys. Director Phys, . 23C. PHYSICIAN'S NAME (Typel prior 23D. ADDRESS to was D.O.A. deceased written ap shows: (1) 24A, BURIAL CREMATION, 24B, DATE 24C. NAME OF CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) (State) REMOVAL (Specily) -14 - 72Loudon Park Cemetery Baltimore Maryland 25A. DATE REC'D BY HEALTH DEPT. 258, NAME OF REGISTEAR York Rd. 25C. FUNERAL DIRECTOR H.W. Jenkins S Baltimore Sons VS 150-REV. 1/1/68



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	den	deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.
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	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance.	ded

	72 U2533 CERTIFICA	THEALTH DEPARTMENT TE OF DEATH REG. NO. 72	2533		
	Type or Print) OSCAR DANIELS	2. DATE AND HOUR OF DEATH	19 16 4		
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	MARCH 10, 1972  4. USUAL RESIDENCE (Where deceased lived, If institution: reside	12.15 A. M ence before admission)		
	FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	MARYLAND  C. CITY OR TOWN  D. INSIDE CITY LIMIT	561		
	CHURCH HOME AND HOSPITAL	BALTIMORE YES E. STREET AND NUMBER  1035 ORLEANS ST. APT 2D.	NO []		
	6. RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED	8. DATE OF BIRTH 9. AGE (In years If Under 1 Months: Do	Yr. Il Under 24 Hrs. ys Hours Min.		
	OA. USUAL OCCUPATION (Give kind of work) OB, KIND OF BUSINESS OR INDUSTRY fore during most of working life, even it retired)  RUCK DELIVERY MAY.	11. BIRTHPLACE (State or foreign country)  12. CITIZEN	S. A.		
	3. FATHER'S NAME  IZEL DANIELS	14. MOTHER'S MAIDEN NAME FANNY MOORE			
	5. Wos Deceosed Ever in U. S. Armed Forces? Yes, no or unknown) Uf yos, give wor or doles of service)  219-10-2966	17. INFORMANT AD	DDRESS		
	injury or complication which coused death.)	ISE SEPTICEMIC SHOCK A CONSEQUENCE OF:	PPROXIMATE INTERVAL VEEN ONSET AND DEATH  8 Hrs.		
	DISEASES OR CONDITIONS, if ony, giving ise to the above couse (A) stating the UNDERLYING CONDITION tast.  (B) PERITON DUE TO, OR AS	A CONSEQUENCE OF:	18 Hs.		
	✓ IDISEASE OR CONDITION GIVEN IN PART 1 (A)	RTHRITES	NKNOWN		
11	19A-DATE OF OPERATION 19R CONDITION FOR WHICH OPERATION WAS PERFORMED  21A. ACCIDENT WAS UNDERLYING   218. PLACE OF INJURY (e.g., in long, form, fociory, street, of DEATH Inolify medical examine)	IN CERTIFYING CAUSES OF DEA			
	21D-TIME (Monthi (Doy) (Yeor) (Hour) 21E INJURY OCCURRED While AI Month	2) F. HOW DID INJURY OCCUR?			
	22. I certify that (t) (this hospital) attended the deceased from MARCH 8 19 72 to MARCH 10 19 72 that (t) (we) last sow the deceased olive on MARCH 10 19 72 and that in (my) our opinion deoth occurred on the date ond haur and from the causes stated above. (t) (We) (did) (did not) view the body after death.				
	Rustim. Ilani M.D. Atter	nding Med. Stoff 238. DATE SI	GNED 0 · 1972		
5	RUSTUM IRANI M.D.	3D. ADDRESS CHURCH HOME AND HOSPITA			
2	SAL DATE REMOVAL (Specify)  3- SAL DATE REC'D BY HEALTH DEPT. WAR 1 S 19/2  SAL DATE REC'D BY HEALTH DEPT. WAR 1 S 19/2  SAL DATE REC'D BY HEALTH DEPT.  SAL D	MATORY 24th LOCATION (City, town, or con DETECT PHINE PRUNDE CO., 1250 FUNDAL DIRECTOR Collick 2431E Clare	Od, ADDRESS		

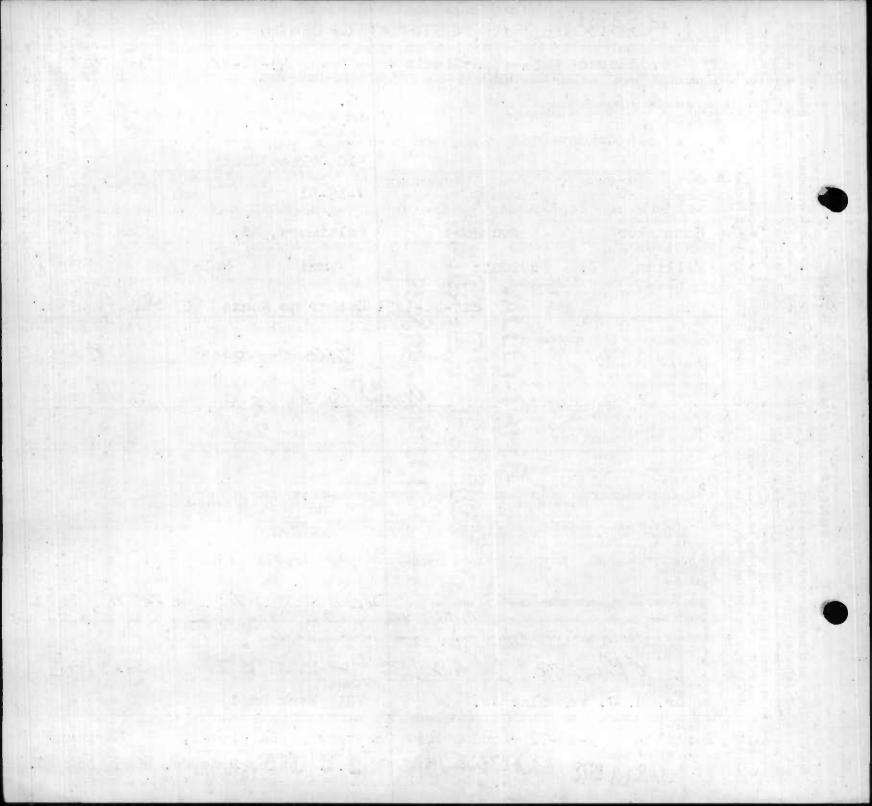
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FUNERAL DIRECTOR: IMPORTANT	approved by the chief medical examiner or his assistant if death occurred in a hospital and to the hospital by a medical examiner. Also, if the direct or contributing cause of death	(1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	).A. at a hospital (except where the physician who pronounced death was in regular attendance on the	h); and (6) No physician was in regular attendance on the deceased prior to death. Such	approval must be obtained before the remains are embalmed or final disposition is made.
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	rificate must be y was released t	=	A.	d prior to death	90
	+ ^	-	0	40	-

VS 150-REV. 1/1/6B

BALTIMORE CITY HEALTH DEPARTMENT REG. NO. 72 (2534 72 (2534 CERTIFICATE OF DEATH BIRTH NO. 2. DATE AND HOUR OF DEATH I. NAME OF DECEASED (Type at Print) Mildred McGinnis 3-11-72 Hale 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE
B. COUNTY 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD A. STATE Md. FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) HOSPITAL OR C. CITY OR TOWN D. INSIDE CITY LIMITS Baltimore YES NO 510 Orkney Road E. STREET AND NUMBER 510 Orkney Road 6. RACE B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. Months: Days 5. SEX If Under 24 Hrs. 7. MARRIED NEVER MARRIEDE Hours last birthdov F W 7-15-91 DIVORCED WIDOWED 10A USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or fareign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Own Home Baltimore, Md. USA Homemaker 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME William McGinnis Hale Emma 15. Was Deceased Ever in U. S. Armed Forces 17. INFORMANT ADDRESS 6. SOCIAL (Yes, no or unknown) (II yes, give war ar dates of service) SECURITY NO. 403 Dumbarton Rd. Catherine Konze 216-46-1751 no CAUSE OF DEATH 1B. BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) IMMEDIATE CAUSE (This does not mean the mode of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF heart failure, asthenia, etc. It means the disease, injury ar complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, giving rise to the above couse (A) stoling the UNDERLYING CONDITION Inst. 11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION GIVEN IN PART 1 (A).

194. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED TO THE DEATH BUT NOT RELATED TO THE TERMINAL 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 20A. AUTOPSY? (Yes or Na) no Ü 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID hame, farm, factary, street, office bidg., INJURY OCCUR? (If in Baltimore City, give exact location) OR CONTRIBUTING CAUSE OF DEATH (notify medical exomined etc.) O 21D. TIME 21F. HOW DID INJURY OCCUR? (Month) (Dov) (Year) (Haur) 21 E. INJURY OCCURRED OF INJURY Nat White While At (APPROX.) Wark At Wark 22. I certify that (1) (this hospital) attended the deceased from MUTR 19 72 that (1) (we) lost sow the deceased alive on... ... ond that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (1) (We) (did) (did not) view the body after death. 23A. SIGNATURE 23B. DATE SIGNED Attending 4 Med. Staff Phys. Director L 23D. ADDRESS 23C. PHYSICIAN'S Dr. S. J. Venable, Jr. 7215 York Road 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, or county) (Stote) REMOVAL (Specify) shows: (was D.O decease Baltimore, Maryland Loudon Park Cemetery Burial FUNERAL DIRECTOR SONS CO. Baltimore, M. 258. NAME OF REGISTRA 4905 York Md.



72 (2535

1 P620

## BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL	EXAMINER'S	CERTIFICATE OF	DEATH	72 PEG NO. 72	(2535

BIRTH NO.						
I. NAME OF DECEASED (Type or Print) ERMA PIERCE	2. DATE Known Month Day Year Hnur					
	DEATH Estimated March 8, 1972 M.					
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL ADDRESS OR LOCATION)	3. DATE PRONOUNCED DEAD March 8, 1972  Month Pronounced DEAD March 8, 1972  March 8, 1972					
	5. USUAL RESIDENCE (Where deceosed lived, # institution: residence before admission) A. STATE B. COUNTY Maryland					
6. SEX 7. RACE B. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE CITY LIMITS?					
Female White WIDOWED□ DIVORCED□	Baltimore YES X NO					
9. DATE OF BIRTH 10. AGE (In years   If Under 1 Yr, II Under 24 Hrs.   Months, Days, Haurs, Min.	E. STREET AND NUMBER					
May 27, 1916	4205 Elderon Avenue 21215					
Baltimore, Maryland USA	13. FATHER'S NAME  Henry Edgar Flaggs					
14A.USUAL OCCUPATION (Give kind al work) 14B. KIND OF BUSINESS OR INDUSTRY						
done during mast of working lile, even il retired) Housewife	Emma Gerstile					
	18. INFORMANT ADDRESS					
NO	Theodore L. Pierce - 4205 Elderon Avenue					
19. 4 CAUSE OF DEATI	H APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH					
DISEASE ON CONDITION DIRECTES	erotic cardiovascular disease					
(A) IMMEDIATE CA						
heart lailure, asthenia, etc. It means the disease, Injury ar complication which coused death.)	S A CONSEQUENCE OF:					
DISEASES OR CONDITIONS IF ANY GIVING DUE TO, OR A	S A CONSEQUENCE OF:					
DISEASES OR CONDITIONS, IF ANY, GIVING  DUE TO, OR A RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	A SOURCE OF					
(c)	P 64 64 64 64 64 64 64 64 64 64 64 64 64					
OF CONTRIBUTING OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WAS	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL					
20 A. DATE OF OPERATION 208. CONDITION FOR WHICH OPERATION WAS	S PERFORMED 21, AUTOPSY? (Yes or Na)					
	Np					
2A. EXTERNAL CAUSE WAS  22B. PLACE OF INJURY (e.g., in ar about 22C. WHERE DID (If in Boltimore City, give exact location)  NODERLYING OR CONTRIB-  UTING CAUSE OF DEATH.						
22D. TIME (Manth) (Day) (Year) (Hour) 22E. INJURY OCCURRED 22F. HOW DID INJURY OCCUR? WHILE AT NOT WHILE						
m. WORK AT WORK						
I certify that I held on Inquiry Inspection Autopsy and that on this basis, death in my opinion						
resulted from: Natural couses XX Accident Suicide Homicide Undetermined manner						
ACTUAL SIGNATURE LASSISTANT MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER						
EXAMINER'S Charles S. Springate, M.D. ASSOCIATE MEDICAL EXAMINER March 9, 1972						
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OR REMOVAL (Specify)	r CREMATORY 24D. LOCATION (City, town, or county) (State)					
Burial 3-13-72 Moreland Mer	morial Baltimore, Maryland					
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS					
MAR 1 8 1972 Page & Jaban M.D.	Armacost Funeral Chapel-4600 Liberty Ht					

VS 151-REV. 1/1/68

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This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death in
shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the
deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such

	BIRTH NO.	72 02536			HEALTH DEPARTMENT	REG. NO	72 02536
17	NAME OF DEC	EASED			2. DATE A	ND HOUR OF DEATH	1
	A	nnie May Fi	anklin		Mar	ch 11, 1972	1 /2,15 M.
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD		A. STATE B. COU	ere deceased lived. If i	institution: residence before admission)		
111	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)		Md.	D. 1N:	SIDE CITY LIMITS?		
	Anderson Nursing Home		Baltimore		YES 🔀 NO 🗌		
<u>.</u>	3604 Mohawk Avenue, Balto, Md		5219 St. Charles Avenue, Balto. 21215				
Ĕ	Female	White	7- MARRIED WIDOWED	DIVORCED	8. DATE OF BIRTH 3/8/97	9. AGE (In yours lost birthdoy) 75 VIS.	Il Under 1 Yr. If Under 24 Hrs. Manths: Days Hours Min.
Sposition is	OA. USUAL OCCU one during most of w Sales C.	rorking life, even if relired)		BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stale at fore	ign country)	12. CITIZEN OF WHAT COUNTRY?
130	3. FATHER'S NAM		dodan	TIT IIIdasti les	14. MOTHER'S MAIDEN NA	MF	
Spor	Benjam	in Franklin					
150	5. Was Deceased (as,na or unknown)	Ever in U. S. Armed Ford	ces? s of service)	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
	No			219-18-3557	Mrs. Clarence	Huff, 1569	Williams Avenue
	DISEASE OR GONDITION DIRECTLY LEADING TO DEATH  (This does not mean the mode of dying, e.g., heart foilure, asthenia, etc. II means the disease, injury or camplication which caused death.)  CAUSE OF DEATH  (A) IMMEDIATE CAUSE  DUE 10, OR AS A CONSEQUENCE OF:  DUE 10, OR AS A CONSEQUENCE OF:						
D	DISEASES OR CONDITIONS, if any, giving inse in the above cause (A) stoting the						
	UNDERLYING CONDITION last. (c) Thome bites withinty 5 pr						
CEPTIFIC ATION	OTHER SIGNIFIC TO THE DEATH DISEASE OR CO	CANT CONDITIONS CON BUT NOT RELATED TO THE ENDITION GIVEN IN PART	E TERMINAL	- Obes	dy .	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	***************************************
FPTIEL	19A. DATE OF	OPERATION 19B. CONI WAS PERF	ORMED	None	20 A- AUTOPSY? Wos or No	20 L IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED LUSES OF DEATH?
NA NA	OR CONTRIBUT	T WAS UNDERLYING TING CAUSE OF medical examines	21B, hame ofc.)	PLACE OF INJURY (e.g., in p, farm, factory, street, offi	or about 21 C. WHERE DID ice bidg., INJURY OCCUR?	(If In Baltimor	re City, give exact locotion)
WEDL	21D. TIME OF INJURY (APPROX.)	(Month) (Doy) (Yeor)		e At Nat While	21F. HOW DID INJ	URY OCCUR?	
		hot (I) (this hospital) ast sow the decease			/		nough 11 19 72
	and hour and from the causes stated obove. (1) (did) (did nat) view the body ofter death.						
	23A. SIGNATUR	f L. Ph	lyss	Atten		Shaff Phys.	23B. DATE SIGNED
	23C. PHYSICIAN NAME (Typ	00)		OEGREE Phys.	D. ADDRESS		13/13/12
24		Earl Chambe		ME of CEMETERY OF CREA			ne, Baltimore, Md
Burial 3/15/72 Sherwood Church Cem. Cockeysvil						ckeysville	Maryland
	150-REV. 17768	R19 1972		Reber HD &	Aria cost F	uneral Cha	pel 4600 Lib. Hts.

and the contract of the contra 

24C. NAME of CEMETERY or CREMATORY

Mt. Auburn Cemetery

25C. FUNERAL DIRECTOR

24D. LOCATION (City, town, or county)

Morton & Dwett F. H. 1701 Laurens St.

Baltimore, Mryland

**ADDRESS** 

(State)

25A. DATE REC'D BY HEALTH DEPT.

25B. NAME OF REGISTRAR

VS 151-REV. 1/1/68

24B DATE

3-16-72

24A. BURIAL CREMATION.

Burial

REMOVAL (Specify)

V2 Commence of the Sell W. Belge. servors and the second s Try of the tenter target of the property of th SHIP WELL SOLD THE the state of the s

25C. FUNERAL DIRECTOR

Morton & Dyett F. H. 1701 Laurens St.

25B NAME OF REGISTRAR

VS 151-REV, 1/1/68

(2010年) 型光 (1011年) (2010年) terwised, fastigita in the second of the sec Late of the control o Anti-Align and an action of the state of the

B-620 72 02539 BALTIMORE CITY HEADICAL EXAMINER'S C	CERTIFICATE OF DEATH REG. NO	72 02539
1. NAME OF DECEASED (Type or Print) MAJOR ALONZO BRACEY	2. DATE Known Manth Day OF DEATH Estimated	Year Haur
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD  FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	PRONOUNCED DEAD March 8, 1972	Year Hour 1:00 A.
OR INSTITUTION 1008 W. Lafayette Avenue	5. USUAL RESIDENCE (Where deceased lived. If institution: A. STATE Virginia B. COUNTY	residence befare admission)
6. SEX 7. RACE 8. MARRIED X NEVER MARRIED WIDOWED DIVORCED	C. CITY OR TOWN  Fort Belvoir	Y LIMITS?
9. DATE OF BIRTH 10. AGE (In years lost birthdoy) 36 If Under 1 Yr. If Under 24 Hrs. Manths, Days, Hours, Min.	E. STREET AND NUMBER	NO A
II. BIRTHPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNTRY? U. S. A.	13. FATHER'S NAME Otis Bracey	
14A. USUAL OCCUPATION (Give kind of work 14B. KIND OF BUSINESS OR INDUSTRY done during mast af warking life, even if retired)  U. S. Army	Inez Bracey	
(Yes, na ar unknawn) (If yes, give war ar dotes of service) Yes  Present  17. SOCIAL SECURITY NO. 212-32-4183		DRESS Wakefield Road
heart tailure, asthenio, etc. It means the disease, injury ar camplication which coused death.)	AS A CONSEQUENCE OF:	
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WA	AS PERFORMED	21. AUTOPSY? (Yes ar Na) yes
UNDERLYING FOR CONTRIB- UTING CAUSE OF DEATH.    Description	in ar obaut 22C. WHERE DID (If in Boltimore City, give exoce bidg., etc.) NJURY OCCUR?  1008 W. Lafayette Avenu 22F. HOWDID INJURY OCCUR?  WHILE SORK Self-inflicted	1101
I certify that I held on Inquiry Inspection Aurents Inspection Aurents Inspection No.	Homicide Undetermined monner CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER ASSOCIATE MEDICAL EXAMINER	DATE SIGNED 3/8/72
24A. BURIAL CREMATION, REMOVAL (Specify) Burial 3-13-72 Arlinton Nati	onal Cemetery Arlinton, Virg	
MAR 1 3 1972 Page Control of the Con	25C. FUNERAL DIRECTOR LA	urens Street mes, Inc. 1701
VS 151-REV. 1/1/68 / 8 5 4	2009	V

Senne bievelle, 1.-5. Variable and the last of the l weeken and the control of the state of the s The state of the s Butter area for the state of th NAME OF THE PARTY 

IMPORTANT FUNERAL DIRECTOR:

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undertermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1-120	72 02540		HEALTH DEPARTMENT			
BIRTH NO.	1~ (c)4()	CERTIFICA	TE OF DEATH	REG. NO.	12	125410
1. NAME OF DECEASED			2. DATE	AND HOUR OF DEAT	гн	140
XX	JULIA CATHE			maly 175	2	12 2m.
3. PLACE IN BALTIMORE, M.	ARYLAND, WHERE PRONO	UNCED DEAD	4. USUAL RESIDENCE IV	Where deceased lived If	institution; residence t	befare admission)
FULL NAME OF HOSPITAL OR ADDR	T IN HOSPITAL OR INSTITU	UTION, GIVE STREET	MARYLAND	Duines Co.	6	600
INSTITUTION	ESS OR EDCAHON	₹.	C. CITY OR TOWN	Prince Ger	NSIDECITY LIMITS?	
	S HOPKINS HOSP	ITAL	CHEVERLY		YES N	10)[2]
601	N. BROADWAY		E. STREET AND NUMBER			X 2
			2318 BELLEV			
5. SEX 6. RACE	7- MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years lost birthday)	Months Doys H	If Under 24 Hrs.
FEMALE WHI			12-15-08	63	2	
10A. USUAL OCCUPATION (Gi	ve kind of work 108, KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State of	foreign country)	12. CITIZEN OF W	VHAT COUNTRY?
Clerk	Nat. S	ecurity agenc	West V	irginia	US	A.
3. FATHER'S NAME			14. MOTHER'S MAIDEN I			
THE CALL C. T.	0171113					
THOMAS L		1 6. SOCIAL	MARY BANG	0		
5. Was Deceased Ever in U. Yes, no or unknown) (II yes, giv	e war or dates of service)	SECURITY NO.		ma ## 4 4	ADDRES	5
no		235-34-7524	Pauline Leed	y Hyatts	sville, Md.	
18. / Y / X		CAUSE OF DEAT	1			IMATE INTERVAL
	DITION DIRECTLY			^	d de la contraction de	JASET AND DEATH
	TO DEATH	(A) IMMEDIATE CAL	SE Cerrelio V	ascular	correct	
heart failure, asthenia, e	e mode of dying, e.g., Ic. it means the disease,	DUE TO, OR AS	A CONSEQUENCE OF	to in cran		
injury or complication w		intra	Crawia In	ما ما دور		
ANTECEDE	NT CAUSES	a ask	cytamin	at brain	一	3 imm to
DISEASES OR CONDI	TIONS, if any, giving	(6)	A CONSEQUENCE OF:	0		***************************************
rise to the above	cause (A) sialing the					
UNDERLYING CONDITION	ON lock	(c)				
Z OTUET SIGNIFICANT SON			4			
OTHER SIGNIFICANT CON TO THE DEATH BUT NOT I DISEASE OR CONDITION O		aspiro	lun prie	mm.	-	
JOA DATE OF OBERATION	IVEN IN PART 1 (A).	WICH CARRAGE	1204 4455 500	N-V Bon 1- W		
Monch 1/72	WAS PERFORMED	WHICH OPERATION	20A AUTOPSYT Yes of	IN CERTIFYING	E FINDINGS CONSIDE	ERED
21A. ACCIDENT WAS UN	DESTING TO THE	BLACE OF INTERNAL	or about 210 W		NO	
, OR CONTRIBUTING CA	USE OF hom	e, form, loctory, street of	or obout 21 C. WHERE DID	(It In Soltim	nore City, give exact lac	ation)
ט ווייייייייייייייייייייייייייייייייייי	miner) etc.)		V			
OF INJURY	The state of the s	INJURY OCCURRED		INJURY OCCUR?		
(APPROX)	Whi	k Not While				
22. I gently that the fall	is hospital) attended th		0000	10 70 . 14	ach C	10 ~ 0
				19 72 10 Mc	VICT 9	19.72
	he deceased olive on		19and	that inday) (our) o	pinion death occurr	ed on the dote
	causes stated above	(We) (did) (did Kot) v	iew the body after deat	h.		
23A. SIGNATURE					238, DATE SIGNED	^
M. Park	arati F7	782 M. D. Atte	iding Med. Director	Staff D	131917	12
23C.PHYSICIAN'S NAME (Type)	0 1	DEGREE	3D. ADDRESS	1	1	
MEHDI	BARKAV	QATI MO	To has M	opking H	Losputo	
1 1 1 1 1 1	IB, DATE 124C. NA	ME of CEMETERY of CRE	MATOREX 124D.	LOCATION	(6)	
REMOVAL (Specify)			2.79		(City, town, or county)	(State)
		late of Heaven	WI	heaton Fion	tgomery	Md.
SA. DATE REC'D BY HEALTH	DEPT. 258, NAME O	F REGISTRAR	25C. FUNERAL DIRECT		ADDRI	
MARY A TOTAL	March C. Sale	LACT I	E Gesch's	s Jons Hy	attsville, N	ld.
'S 150-REV. 171768					(.	

to your land to be the morning mile iguer Marich 7 72 Marich 1 the second secon M. Horsever F7782 M. Lynn - Wyst - Wat an Thrandas Tonary Teach the control of the

SIGNATURE 1/21/72 **EXAMINER'S** ASSOCIATE MEDICAL EXAMINER Peter Mipkovic, M.D. NAME (Type) 24B. DATE 24A. BURIAL CREMATION, 24C. NAME of CEMETERY or CREMATORY 24D. LOCATION (City, town, or county) (Stote) REMOVAL (Specify) Cremation 3/9/72 Loudon Park Cemeterv Baltimore, Maryland 21229 25A. DATE REC'D BY HEALTH DEPT. MAME OF REGISTRAR 25C. FUNERAL DIRECTOR Morgue - City of Baltimore VS 151-REV. 1/1/68

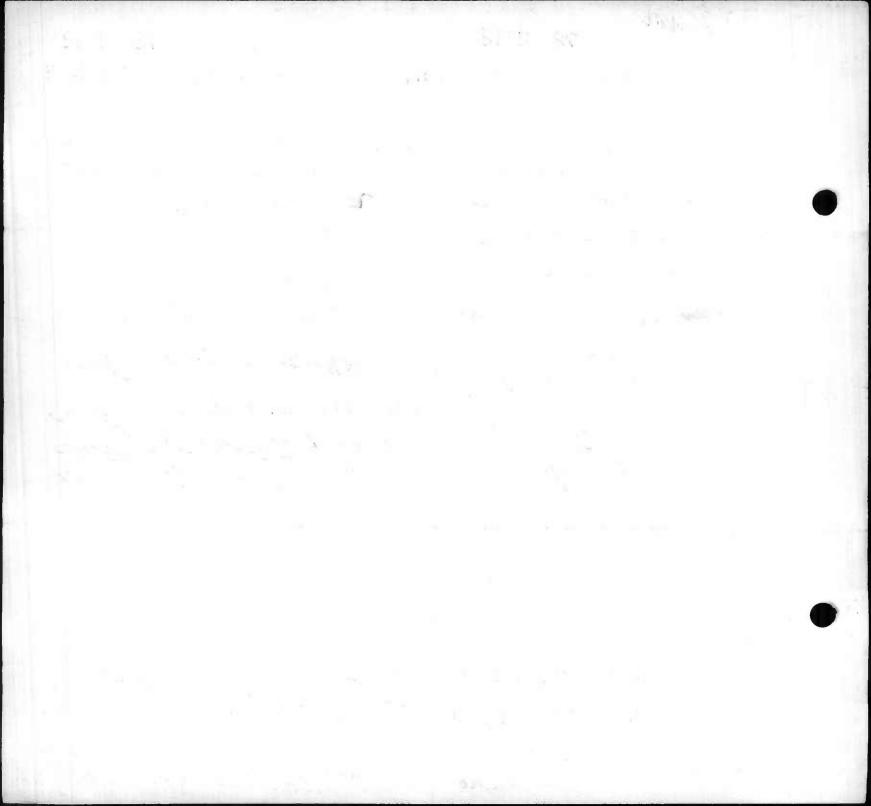
Sens Service Land Control The second secon County of Street Street

was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital Also, if the direct or contributing cause FUNERAL DIRECTOR: IMPORTANT the body was released to the hospital by a medical examiner.

oug

	K-240	HEALTH DEPARTMENT
	FIRTH NO. 72 02542 CERTIFICA	TE OF DEATH REG. No. 72 02542
	NAME OF DECEASED Type or Print)	2. DATE AND HOUR OF DEATH
-	B. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3-9-72 Z Z P M  4. USUAL RESIDENCE (Where deceased lived If institution; residence before admission)
	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	MD Barto -
N'	NSTITUTION	C. CITY OR TOWN  D. INSIDE CITY LIMITS?
U	Botton Hill ownsing Home	E. STREET AND NUMBER
	1400 John ST-Balte.	3104 Lamoine RD 21133
5	SEX 6. RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years   If Under 1 Yr.   II Under 24 Hrs.
	WIDOWED DIVORCED	1 10 - 8   85
1	OA, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY one during most of working life, even il refired)	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY
	etired - Marker - Grants Dept. Store	Baltimore, Maryland
14-	3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	George J. Schafer	Katherine Stein
1	5. Wes Deceased Ever in U. S. Armed Forces? (es,na or unknown) (If yes, give war or doles of service) SECURITY NO.	17. INFORMANICALISTOWN, Md. 21133 ADDRESS
11,	No None SECURITY NO. 220-18-4758	Mrs. Irma Ruth 3704 Lamoine Road
1	118. 4 CAUSE OF DEATH	
	DISEASE OR CONDITION DIRECTLY	BETWEEN ONSET AND DEATH
	LEADING TO DEATH	SE Athresteme C. derose your
	(A) DUE TO, OR AS A DUE TO, OR A DUE TO, OR AS A DUE TO, OR A	A CONSEQUENCE OF:
	injury or camplication which caused death.)	
	ANTECEDENT CAUSES (B)	interior Keet office years
Ш	DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS nise to the above cause (A) stating the	A CONSEQUENCE OF:
	UNDERLYING CONDITION last. (C)	torallute generalized means
1	, II	asseption from Rend
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A)	left femme / mark
	DISEASE OR CONDITION GIVEN IN PART 1 (A).	20A. AUTOPSY? (Yes No.)  20B. IF YES, WERE FINDINGS CONSIDERED
Chairie	WAS PERFORMED	20A. AUTOPSY? (Yes No.) 20B. IP YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
1	21A. ACCIDENT WAS UNDERLYINO 21B. PLACE OF INJURY (e.g., in	or about 21 C. WHERE DID (If in Baltimare City, give exact location)
13	DEATH (notify medical examined) etc.)	ice pidg. INJURY OCCUR!
3	21D. TIME (Month) (Doy) (Year) (Hour) 21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
1	(APPROX.) While At Work At Work	
	22. 1 certify that (1) (this hospital) attended the deceased from	
	that (I) (we) last saw the deceased alive on	
	and have and from the causes stated above. (1) (We) (did) (did nat) vi	in (in ), (in ), in the date
	23A. SIGNATURE	23 B, DATE SIGNED
	Dhur	ding Med. Staff 3/0/72
	23C.PHYSICIAN'S	3D. ADDRESS
	NAME (Type) LAW H. MACHTING	2 E Read ST Belt Ml 2120m
2	AA. BURIAL CREMATION, 24B. DATE 24C. NAME OF CEMETERY OF CREATE AND ACTION OF CREATERY OF	MATORY 24D. LOCATION (City, town, or county) (State)
	Burial 3/13/1972 Loudon Park Ceme	
12	SA DATE SEC'D BY HEALTH DEBY	raty talla

Pole & E Fallen VS 150-REV. 1/1/68



## FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

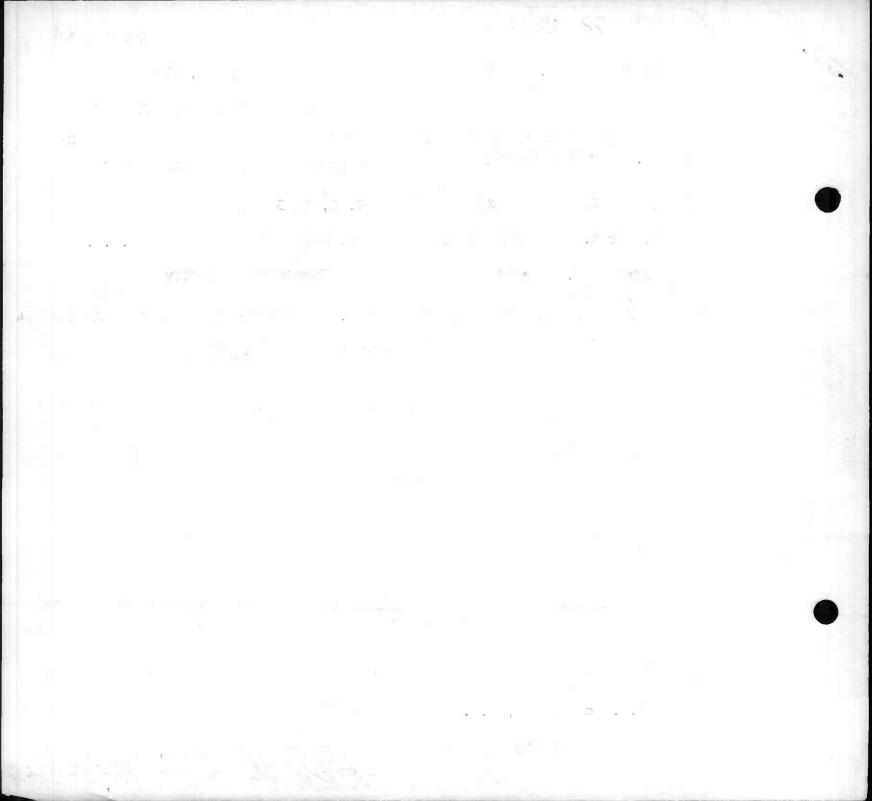
	72 02543 BALTIMORE CIT	Y HEALTH DEPARTMENT
(	CERTIFICA	ATE OF DEATH REG. NO.
	NAME OF DECEASED TO THE OF THE	2. DATE AND HOUR OF DEATH
	REBECCA SEPTICIONE WHEN	3/9/72 7:24 AM M.
3	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Water deceased lived, If institution: residence before admission)  A. STATE  B. COUNTY
11:	ULL NAME OF IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	MARYLAND // D
l i	OSPITAL OR ADDRESS OR LOCATION)	C. CITY OR TOWN D. INSIDE CITY LIMITS?
H		BALTIMORE YES NO
	SINAI HOSPITAL	OAR OF PAUL OFFICE ARE A A
5.	SEX 6. RACE 7. MARRIED NEVER MARRIED XX	IS DATE OF BIRTH IN AGE II was I II II I I I I I I I I I I I I I I I
	FEMALE WHITE WIDOWED DIVORCED	APRIL 14, XXXX 71
	A. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY?
110	see during most of working life, even if retired)   B & O RAILROAD	LITHUANIA USA
1:	FATHER'S NAME	14 MOTHER'S MAIDEN NAME
11	SOLOMON COHEN	CECELIA ?
1	Was Deceased Ever is U. S. Armed Forces?  16. SOCIAL  16. SOCIAL  SECURITY NO.	17. INFORMANT ADDRESS
	NO 705-09-2701	MRS. ALICE COLEMAN, 813 ST. PAUL ST., APT. 1A
卜	18. 4/0, 9 1 CAUSE OF DEAT	H APPROXIMATE INTERVAL
	DISEASE OR CONDITION DIRECTLY	Ac Coronary Ocolusion (Outsite -
	LEADING TO DEATH  (This does not mean the mode of dying, e.g.,  (A) IMMEDIATE CA	OSE
	heart failure, ostheria, etc. It means the disease, injury or camplication which caused death.)	A CONSEQUENCE OF:
	ANTECEDENT CAUSES	
	DISEASES OR CONDITIONS, if any, giving (8)	A CONSEQUENCE OF:
	nse to the above cause (A) stating the	
	UNDERLYING CONDITION lost, (C)	***************************************
2	OTHER SIGNIFICANT CONDMONS CONTRIBUTING	
N A	TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	***************************************
CEPTIEIC ATION	19A DATE OF OPERATION 19B CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSYZ (Yes of No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
5	21A. ACCIDENT WAS UNDERLYING   21B. PLACE OF INJURY 10.50.	
140	OR CONTRIBUTING TICANICS OF	in or obout 21C. WHERE DID (II in Boltimore City, give exact location) ffice bldg., INJURY OCCUR?
2101	21D. TIME (Month) (Doy) (Year) (Hour) 21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
AAR	While At   Not While	le 🗀
	22. I certify that (I) (this hospital) attended the deceased fram	1 0
1	that (1) (we) last sow the deceased alive on Way 6	17 17 17 17 17 17 17 17 17 17 17 17 17 1
	and hour and from the causes stated abave. (1) (We) (dtd) (did nat)	, , , , , , , , , , , , , , , , , ,
	23A. SIGRATURE	23B, DATE SIGNED
	Hull Daka V and some Phy	ending T Med. C Stoff C Z A T
	23C. PHYSICIAN'S	230. ADDRESS
	NAME IT TO AK MI MAN	3600 LOCHEARN DR 21267
24	A. BURIAL CREMATION, 248. DATE 24C, NAME of DEMETERY OF CREMETERY OF C	
	BURIAL 3/10/72 BETH TFILOH	BALTIMORE, MARYLAND
2:	A. DATE REC'D BY HEALTH DEPT.   258, NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS
1	1AR 1 4 1972 1682 E. Talley A.D.	SOL LEVINSON & BROS., 6010 REISTERSTOWN ROAD
9.01	140 001/ 1/1//0	

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0	III	of any nature; (2) body burns; (3) A tracture of any kind; (4) Undetermined cause; (5) Deceased	tal (except where the physician who pronounced death was in regular attendance on the	th); and (6) No physician was in regular attendance on the deceased prior to death. Such		
rre	501	nec	ā	71	t be obtained before the remains are embalmed or final disposition is made.	
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nts certificate must be approved by the chief medical examiner or his assistant it death occurred in a hospital and	ne boay was released to the nospital by a medical examiner. Also, it the direct or contributing cause of death	nows: (I) An accident	vas D.O.A. at a hospit	eceased prior to deat	vritten approval must	
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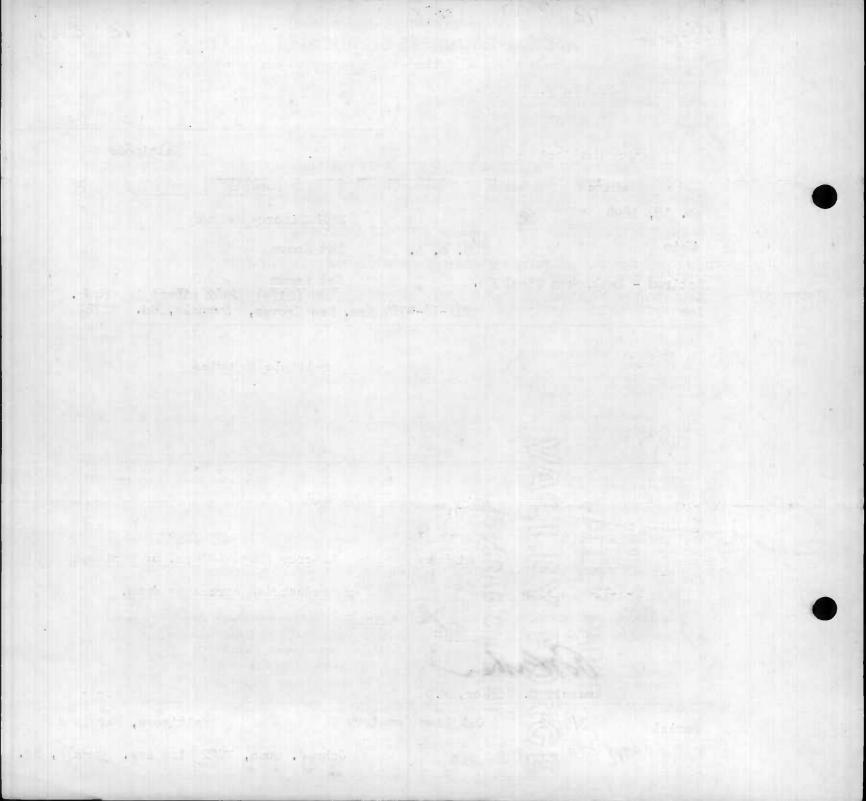
BIRTH NO.	2 02544		HEALTH DEPARTMENT	REG. NO	72 (2544
IType or Print				ND HOUR OF DEATH	
BERTHA		JSH	1	MARCH 11,197	72 M
3. PLACE IN BALTIMORE, MAR	YLAND, WHERE PRONOU!	NCED DEAD	4. USUAL RESIDENCE (Wh	ero deceased lived. If ins	stitution: residence before admission)
FULL NAME OF (IF NOT HOSPITAL OR ADDRESS	N HOSPITAL OR INSTITU	TION, GIVE STREET	MARYLAND	ANNE ARUN	the state of the s
HOUSE IN THE	DINEC MIDEL	UC LIDME	C. CITY OR TOWN	D. INSID	DE CITY LIMITS?
781		אם חטויוב	PASADENA E. STREET AND NUMBER		YES NO X
2528 W. BELV	EDERE AVENUE		7648 BERRY	DRIVE (PINE	HAVEN)
5. SEX 6. RACE	7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In yours	If Under 1 Yr. , If Under 24 Hrs.
FEMALE WHIT	F WIDOWEDY	DIVORCED	DCT. 1, 1883	lost birthdoyl	Months Doys Hours Min.
IOA, USUAL OCCUPATION (Give	kind of work 10B. KIND OF	USINESS OR INDUSTRY	11. BIRTHPLACE IStole or for	88	TO CITY OF WILL ST. COUNTY
one during most of working life, ever	if refired)			eign coonny)	12. CITIZEN OF WHAT COUNTRY
HOMEMAKER (ret	•) OWN	HOME	PENNSYLVAN:	IA	U.S.A.
3. FATHER'S NAME			14. MOTHER'S MAIDEN NA	ME	
NHOC	S. HOON		MADEADE	T DEATTY	
5 Was Deserred From in II S	A 1 E 2	6. SOCIAL	MARGARE	ET BEATTY	
(os, no or unknown) (If yes, give v	vor or dotos of service)	SECURITY NO.	·/· INFURMAN I		ADDRESS
NO /////	1111111111	UNKNOWN	MRS. DOROTHY	GEORGE (dau	onter) come of 4
18. / 8 0 () V	25-0.4	CAUSE OF DEATH	THOS DUNCTITY	aronar (aga	APPROXIMATE INTERVAL
DISEASE OR CONDI	TION DIRECTLY	No.			BETWEEN ONSET AND DEATH
LEADING TO			rome of the	ularus	Husan
(This daes not mean the	mode of dying, e.a.	(A) IMMEDIATE CAU			year
hearl failure, osthenio, etc.	Il means the disease	DUE TO, OR AS	CONSEQUENCE OF:		
injury or camplication which	h coused death.)	, /)	7.	1	
ANTECEDENT	CAUSES	in What	fo mellet	res	20 years
DISEASES OR CONDITIO	NS. if any, giving	DUE TO, OR AS	A CONSEQUENCE OF:		
rise to the obove car	se (A) slating the				
UNDERLYING CONDITION	last,	(c)			
11					
OTHER SIGNIFICANT CONDITI	ONS CONTRIBUTING	none			
TO THE DEATH BUT NOT REL	ATED TO THE TERMINAL	rom			
19A. DATE OF OPERATION	198. CONDITION FOR WH	ICH OPERATION	20A. AUTOPSY? (Yes or N	ON IF YES WEDE SIN	NOINGS CONSIDERS
	WAS PERFORMED			IN CERTIFYING CAUS	NDINGS CONSIDERED SES OF DEATH?
21A. ACCIDENT WAS LINDS	RLYING TO 121 P B1	ACE OF INTERVA	as about 21 C 1444 FRE TIT		
OR CONTRIBUTING TICAUS	E OF home,	form, foctory, street, aff	or obout 21 C. WHERE DID	(li In Boltimoro	City, give exect location)
)	or) etc.)				
21D. TIME (Month) (Day	) (Year) (Hour) 21E 11	NJURY OCCURRED	21F. HOW DID INJ	URY OCCUPY	
OF INJURY	While	At Not While			
	Work	At Work		1	
22. I certify that (1) (this-	hospital) attended the	deceased from	rly 2	19 60 . Mar	ch 11 10/2
that (1) (we) last sow the			1972 and th	19 00 10 2//000	
		,		at in (my) (our) apini	an death occurred on the date
and hour and from the cau	ses stated above. (1) (	We) (did) (did not) vi	ew the body after death.		
23A. SIGNATURE	0 01.			2	23 B. DATE SIGNED
(K.111.1147	aughter	Atten	ding Med.	Staff	March 11, 1972
23C. PHYSICIAN'S	1	DEGREE	— Director —	Phys.	11, 7/2
NAME (Type)			D. ADDRESS	· nn	1 20
R.M. M	LAUGHLIN, M.	.0.	3708 Minutan	~ Kond. Va	andless. MA. 21127
A. BURIAL CREMATION, 248.		E of CEMETERY OF CREA	MATORY 24D. L	OCATION (City.	town, or county) (Stote)
REMOVAL (Specify)			7	- city,	town, or county) (State)
BURIAL MAR	RCH 15/72 LI	GONIER VALL	EY CEMETERY	LIGONIER	PENNSYLVANIA
A. DATE REC'D BY HEALTH D	EPT. 258. NAME OF	REGISTRAR	25C. PUNERAL PRECTO		TON FUNERAL HOME
MAK 1.4 19/2 34	Best E Jaben A	CD.	1 Herell	A STINGLE	
150-REV. 1/1/68				V VULEN	BURNIE, MARYLAND



VS 151-REV. 1/1/6B

#### G-6/2 72 02545 BALTIMORE CITY HEALTH DEPARTMENT MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGING 72 02545

BIR	TH NO.								REG. NO			
	NAME OF DEC	EASED				2. DATE OF	Knawn 🗌	Manth	Day	Year	Haur	
(1Ab	(Type or Print)  CHALMER M. GROVES						Estimoted					м.
4. F	PLACE IN BAL	TIMORE, MA	RYLAND, V	VHERE P	RONOUNCED DEAD	3. DATE		Month	Doy	Yeor	Hour	
HO:	CULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)  DRINSTITUTION						NCED DEAD	3	5	1972	1:45	
City Hospital						A. STATE	Md.		B. COUNTY	imore		, 20
6. 5	SEX	7. RACE		8. MAR	RIED NEVER MARRIED	C. CITY OR	TOWN		D. INSIDE CI	TY LIMITS?		
male white widowed Divorced							Dun	dalk	YE	s 🗆	NO X	
9. DATE OF BIRTH Feb. 18, 1894  10. AGE (In years If Under 1 Yr. If Under 24 Hrs. Doys Hours Months Doys Hours Min.							ND NUMBER 02 Libert	y Park	way			
11.	Ohio	itate or foreig	n country)		12. CITIZEN OF WHAT COUNTRY?	13. FATHER			<i>y</i>		HIR	
14A	USUAL OCCU	PATION (Giv	e kind of work	14B. KINI	OF BUSINESS OR INDUSTRY	15. MOTHER	S MAIDEN NA	ΛE		_		
	Retired	- Beth	Lehem				t Known		2 Libert		Dlam	
	Yes unknown)						ant (Wife)		ndalk, M		1222	
	19.	111.	47		CAUSE OF DEA	TH					PPROXIMATE IN	
	Come a	7 7 /	IN AL DIAL	GT114						BEI	WEEN ONSET A	ND DEATH
		E OR COND		CILY			Multiple	iniumi				
	(This does not heart failure	ot meon the , osthenio, etc nplication whi	mode of dy	diseose,	(A)IMMEDIATE O	AS A CONSEQU	Multiple JENCE OF:	Litjuri				
		NTECEDENT		. coasic	(B)	AS A CONSEC	HENCE OF					
	RISE TO THE	DR CONDITI	USE (A) STA	TING THE	, DOL 10, OX	AS A CONSEG	DENCE OF.					
z	UNDERLYIN	NG CONDIT	ION LAST.		(c)							
은			II					-				
CERTIFICATION	TO THE DEA	IIFICANT COI ATH BUT NOT CONDITION	RELATED TO	THE TERM	MINAL							
ERT	20A. DATE OF	POPERATION	1 20B. COI	NOITION	FOR WHICH OPERATION WA	AS PERFORM	ED			21. AUT	OPSY? (Yes o	r No)
O	2									1	res	
×	22A. EXTER	NAL CAUSE	WAS		22B. PLACE OF INJURY (e.g.,	in or obout 2	C. WHERE DID	(If in Boltima	ore City, give exc	_1	and the second	2117
EDICAL	UNDERLYING UTING CA				home, form, foctory, street, office highway	Boldg., etc.) IN	iberty Pk				- NO	200
Σ	OF INJURY	(Month) (	Ooy) (Yeo	r) (Hou	r) 22E.INJURY OCCURRED	5 / 2	F. HOW DID IN	JURY OCC	UR?			
	(APPROX.)	3-5-72	6:5	5 p		WHILE ORK	Pedestria	n stro	ack by a	uto.		
		ify that I h	eld an I	nquiry [	Inspection Au	tapsy X	and that an t	nis basis,	death in my	apinian		
	result	ted from: N	latural cau	ses 🗌	Accident Suicio	le 🗌 Ho	micide 🗌	Undetermi	ined manner [			
			1	1	,	(	HIEF MEDICAL E	XAMINER	X			
	ACTUAL		17/10	110	the -	AS SIS	TANT MEDICAL	XAMINER			DATE SIGN	1ED
	SIGNATO		/. V. Q V		M.D		CIATE MEDICAL E					
	NAME (T	D	ussell	S. F	isher, M.D.	A330	CIATE MEDICAL I	MAMINALK		3	3-6-72	
REI	A. BURIAL CREA MOVAL (Specific Burial	MATION,	3/9/7		Oak Lawn Come		RY 24D.	LOCATION	(City, town		-	
25		DV HEALTH			IAME OF RECISERAD	1050 5	TINED AL DIDECT	n P		DDRESS		
234	MAR 14	1972	Page 3		NAME OF REGISTRAR		uneral direct	792	22 Wise 7	Ave. D	undalk	, Md.



IMPORTANT	or his assistant if death occurred in a hospital and Also, if the direct or contributing cause of death e of any kind; (4) Undetermined cause; (5) Deceased nounced death was in regular attendance on the attendance on the deceased prior to death. Such med or final disposition is made.
FUNERAL DIRECTOR: IMPORTANT	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.
	the body shows: (I was D.O. deceased

			BALTIMORE CITY	HEALTH DEPARTMENT		
0-53 BIRTH NO.		02546	CERTIFICA	TE OF DEATH		15 CEO. 10
1. NAME OF DE	Carl W.	Smith			ch 6, 1972	М.
3. PLACE IN BA	LTIMORE MARYLAND, W	HERE PRONO!	UNCED DEAD	4. USUAL RESIDENCE	Where deceased lived, It i	nstitution: residence before admission)
FULL NAME OF	IIF NOT IN HOSPIT	AL OR INSTITU	UTION, GIVE STREET	Maryland	Baltimore	2643
HOSPITAL OR	ADDRESS OR LOCA	ATION)		c. CITY OR TOWN Baltimore	D. INS	SIDE CITY LIMITS? YES & NO
00	3934 Chesterf	ield Ave	enue	E. STREET AND NUMBER 3934 Chest	erfield Avenu	
. sex Male	White	7- MARRIED WIDOWED	NEVER MARRIED DIVORCED	8-10-25	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
	UPATION (Give kind of work working life, even if refired) Mic		Steel Co.	11. BIRTHPLACE ISlate ar		12. CITIZEN OF WHAT COUNTRY
3. FATHER'S NA	ME			14 MOTHER'S MAIDEN		
	Walter P.	Smith			Elizabeth R	ling
5. Wee Decesse Yes, no or unknow Yes	d Ever in U. S. Armed For in) (If yes, give war or dote WW II		16 SOCIAL SECURITY NO. 220-12-3930	17. INFORMANT Wife	39	34 Chesterfield Ave
18,/_/_/	MM TT		CAUSE OF DEAT		. Smith Balt	o. Md. 21213
(This does heart failure injury of co	ASE OR CONDITION DIL LEADING TO DEATH not mean the mode of , asthenia, etc. It means implication which caused ANTECEDENT CAUSES OR CONDITIONS, If the above cause (A)	dylng, e.g., the disease, death.)	DUE TO, OR AS	A CONSEQUENCE OF:	SFASE	ART 6 MCS
	G CONDITION last,	stung me	(c)			
TO THE DEA	IFICANT CONDITIONS CO TH BUT NOT RELATED TO T CONDITION GIVEN IN PAR	HE TERMINAL	ACUTE	micrapam	1	
19A.DATE O	F OPERATION 19L CON WAS PER	DITION FOR T	WHICH OPERATION	NO NO	IN CERTIFYING C.	FINDINGS CONSIDERED AUSES OF DEATH?
OR CONTRI	ENT WAS UNDERLYING DEUTING CAUSE OF by medical examined	218 horretc.	PLACE OF INJURY (e.g., ine, farm, factory, street, a	n or about 21 C. WHERE DI Nice bidg. INJURY OCCU	D (II to Boltimo	ore City, give exact facation)
21D. TIME OF INJURY (APPROXI	(Month) (Doy) (Year)		INJURY OCCURRED  Not While At Work	• 🗆	INJURY OCCUR?	
22. I certif	y that (1) (this hospital	) attended t	he deceased from	201	the second secon	resent 19
	) last saw the decease			19 72 on	d that in (my) (pyr) op	Inlon death occurred on the date
and haur a	nd fram the causes sta	ted above	(May (did nat)			
23A. SIGNAT		no		ending [T] Med.	Stoff Phys.	7 MARCH 74
23C. PHYSICI	G. C. Voi	gt. M.D.	B DEGREE	23D. ADDRESS Balt	imore City Ho	spital
24A. BURIAL CE			AME of CEMETERY of CR			City, town, or county) (State)
Burial	(Specify) 3-9-7	C	ettysburg Nati		Gettysburg.	Denna
	D BY HEALTH DEPT.		OF REGISTRAR	25C. FUNERAL DIRE	CTOR	ADDRESS
WAR .4	1974	1		POTAL 9. DUG	a /YLL Wise A	ive. Dundalk, Md.212

37 ST and Dead Early Street Con-At the control of the Man St. St. Inc. of C

### FUNERAL DIRECTOR: IMPORTANT

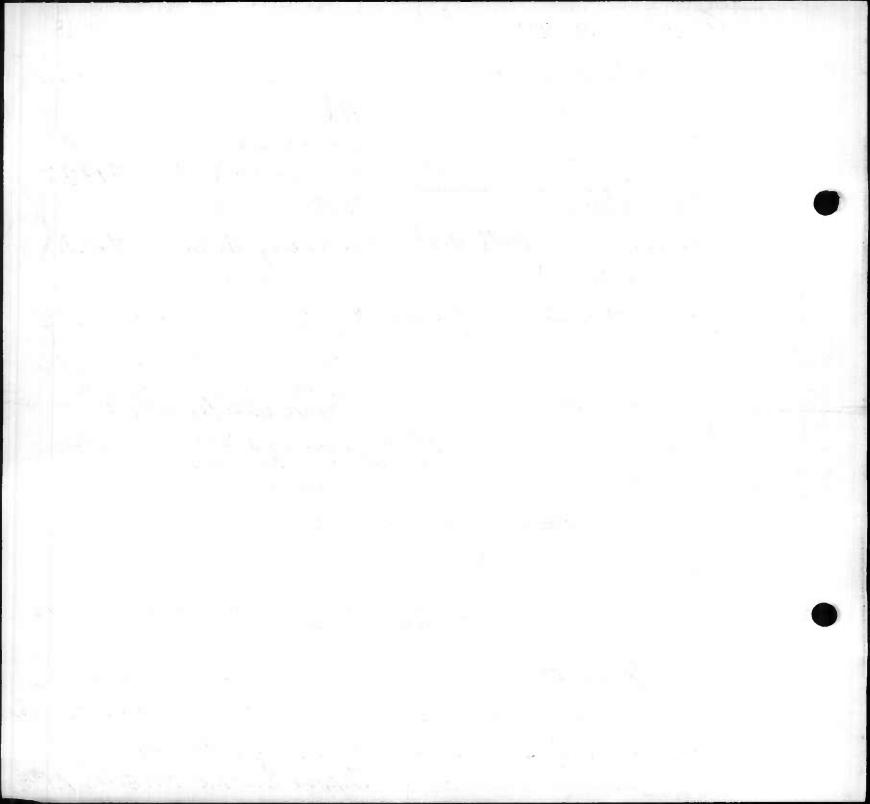
shaws: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death. Such written approved must be obtained before the remains are embalmed or final disnocitian is made. the body was released ta the hospital by a medical examiner. Also, if the direct or contributing cause of death This certificate must be appraved by the chief medical examiner or his assistant if death occurred in a haspital and

77	BALTIMORE CITY	HEALTH DEPARTMENT		
K-355 72 0254	7 CERTIFICA	TE OF DEATH		2 02547
1. NAME OF DECEASED (Type or Print)  3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONO	MONOL DUNCED DEAD	4. USUAL RESIDENCE (WVer		Mary 72 M ution; residence before odmission)
FULL NAME OF (IF NOT IN HOSPITAL OR INSTIT ADDRESS OR LOCATION)	TUTION, GIVE STREET	1 1 M	himme D. INSIDE	CITY LIMITS?
South Baltimore Gener	1 Horpital	E. STREET AND NUMBER 4308	orter Roas	1 NO
5. SEX 6. RACE 7. MARRIED WIDOWED	DIVORCED [	7.10.1910	ost bijthdbyl M	f Under 1 Yr. If Under 24 Hrs.
done during most of working life, even if retired)  Housew		ML.		2. CITIZEN OF WHAT COUNTRY  USA
13. FATHER'S NAME Unknown		14. MOTHER'S MAIDEN NAM	A E	
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dates of service)	217 09 9345	Robert R. Redmo	ond Sr. 4308 (	Contez Road
injury or complication which coused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if ony, giving rise to the above couse (A) stoling the UNDERLYING CONDITION lost.		al Metayta A CONSEQUENCE OF:	va -	beens.
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  19A. DATE OF OPERATION 198, CONDITION FOR WAS PERFORMED  121A. ACCIDENT WAS UNDERLYING 121	WHICH OPERATION	20A. AUTOPSY? (Yes or No)	208. IF YES, WERE FINI	DINGS CONSIDERED
OR CONTRIBUTING CAUSE OF DEATH (notify medical examine)	me, form, foctory, street, of	n or obout 21C. WHERE DID	(If in Coltimore C	ity, give exact location)
21D. TIME (Month) (Doy) (Year) (Hour) 21E	E INJURY OCCURRED  hile At Not While At Work	21F. HOW DID INJU	JRY OCCUR?	
22. I certify that (1) (this hospital) attended that (1) (we) last saw the deceased alive an	11 Non &		9to// at In(my) (aur) apinia	n death accurred an the date
23A. SIGNATURE  23C. PHYSICIAN'S NAME (Type)	DEGREE Phy	ending Med.		B. DATE SIGNED 12 May 72
Burial Specify 3/15/72 Gle	IAME of CEMETERY OF CRI		n Burrie Md.	town, or county) (State)
MAR 1 A 1972 Page & Seller	OF REGISTRAR	25C. FUNERAL DIRECTOR	ral Home 237	Patapsco Ave

	THE STEED OF SUMMER PROPERTY OF STATE O	
	THE RELEASE SECTION OF THE PARTY OF THE PART	
	Later to Sang West and Important of Secretary 2017 to 17th and 18th 18th 18th 18th 18th 18th 18th 18th	
	[1] [1] [1] [1] [2] [2] [3] [4] [4] [4] [4] [4] [4] [4] [4] [4] [4	
1		
	그리는 사이 보다 내내 내내 내내 보다 들었다면 보다 되는데 되는데 되는데 되었다.	
	Such and the form make the standard of the standard of the	
	and tenterates (TS, and America Status States )	
		-

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hospite use of (5) Dec dance death.
ting ca d cause attent orior to
occurrion ermine regular is mad
f death ct or c ) Undet was in he dec
istant i the dire kind; (4 death ce on t
ulso, if of any ounced trendan
miner o fracture o pronc gular a
cal exam s; (3) A ian wh is in re- ins are
ef medicady burns physical was cian was he rema
the chiral by a r. (2) Boomer the chiral boomer the chiral before
oved by e hospit r nature cept wi nd (6) N
be appred to the office of any office of any office of any office of any office
s releas accident t a hosporto de oval mu
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.
This can be be shown was laced

	0-260 72 02548  BALTIMORE CITY HEALTH DEPARTMENT REG, NO. 72 02548  CERTIFICATE OF DEATH  REG, NO. 72 02548				
	1. NAME OF DECEASED (Type or Print)  WILDER OXER.  2. DATE AND HOUR OF DEATH  10 more 1 19 Th 5.25 P. M.  3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD  4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  A. STATE B. COUNTY				
	FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)  OC. CITY OR TOWN  D. INSIDE CITY LIMITS?  YES NO				
	Oniversety of Maryland The Spital 440 Burbouk CT 21227 5. SEX 6. RACE 1 1. MARDIED THE SERVED TO B. DATE OF RIPTH 10 AGE 10 1000 1000 1000 1000 1000 1000 1000				
	Mole: White WIDOWED DIVORCED 1/1/20 last birthday) Manhs; Doys Hours Min.  10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNTRY?				
.	13. FATHER'S NAME  (un Known)  15. Was David Link Known)				
	16. SOCIAL SECURITY NO.  17. INFORMANT  ADDRESS				
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,				
	ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if one, giving  (B)  DUE TO, OR AS A CONSPONENCE OF:				
	UNDERLYING CONDITION lost. (c) Milsal Value Replacements 2day -				
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  17A-DATE OF OPERATION 17PR. CONDITION FOR WHICH OPERATION WAS PERFORMED 18 CAMPAGE OF OPERATION WAS PERFORMED 19 CAMPAGE OF OPERATION WAS PERFORMED 10 CERTIFYING CAUSES OF DEATH?				
	21A. ACCIDENT WAS UNDERLYING   21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, lorin, factory, street, affice bldg., INJURY OCCUR?				
	21D. TIME (Manth) (Doy) (Year) (Hour) 21E. INJURY OCCURRED While At Work At Work 22. I certify that (I) (this haspital) attended the deceased from 19 70 to 19 70 19				
	that (1) (this haspital) attended the deceased from 19 70 ta mrch. 10 19 70 that (1) (we) last saw the deceased alive an 19 70 and that in (my) (aur) apinion death accurred an the date and have and from the causes stated above. (1) (We) (did) (did nat) view the body after death.				
	2) Herwardey  Attending Med. Stuff Director Phys. 23B. DATE SIGNED  23C. PHYSICIAN'S NAME (Type)  23D. ADDRESS  23B. DATE SIGNED				
100	MA. BURIAL CREMATION, 248. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, fown, or county) (Stole)				
2	STAD DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS MAR 1 4 1972 26 E. Jackson Dippel Bros/nc 7110Boleir Pol. 2120				



# FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if deoth occurred in a hospitol and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the

	B-325 72 025		HEALTH DEPARTMENT	X REG. NO. 72	2 02549	
	1. NAME OF DECEASED (Type or Print)  3. PLACE IN BALTIMORE, MARYLAND, WHERE PR	LEANORE ONOUNCED DEAD	3	8 72	1 3 Pm/m.	
	FULL NAME OF (IF NOT IN HOSPITAL OR II HOSPITAL OR ADDRESS OR LOCATION)		1 1 1	D. INSIDE C	ion: residence before admission)  EITY LIMITS?  No N	
on is made	5. SEX 6. RACE 7- MARI  Tem ste Shock WIDO  TOA, USUAL OCCUPATION (Give kind of work) 10B, KIN  done during most of working life, even if refired)	WED DIVORCED	8. DATE OF BIRTY 9 - 27-1901 11. BIRTHPLACE (Stote or force)	9. AGE (In years II Mo	Under 1 Yr. If Under 24 Hrs. nihs Doys Hours Min. CITIZEN OF WHAT COUNTRY?	
I disposition	13. FATHER'S NAME  Ch. A. Los DA ISON  15. Was Deceased Ever in U. S. Armed Forces?  (Yes, no or unknown) (II yes, give wor or doles of serv	5-8	14. MOTHER'S MAIDEN NAN	AE -! Je NNING	US A	
ed or final	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	SECURITY NO.  2/2-58-39-59  CAUSE OF DEATH	Fliote	1016-1120	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
embalme	(This does not meen the mode of dying, heart foilure, asthenia, etc. It means the dise injury or complication which caused death.)  ANTECEDENT CAUSES	Year				
ins are	DISEASES OR CONDITIONS, if any, giving fise to the above cause (A) stating the UNDERLYING CONDITION last.  (B)  DUE TO, OR AS A CONSEQUENCE OF:  (C)					
e remains	O OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	IAL /	A-		1969	
ore th	19A-DATE OF OPERATION 19R CONDITION F WAS PERFORMED  21A-ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	OR WHICH OPERATION	20A. AUTOPSY? (Yes or No)	IN CERTIFYING CAUSES	OF DEATH?	
d bet	DEATH (notify medical examiner)  21D.TIME (Month) (Day) (Year) (Hour)	home, form, foctory, street, afficeld.)  21E. INJURY OCCURRED	21F. HOW DID INJU		, giva exoci locotion)	
obtaine	OF INJURY (APPROX.)  22. I certify that (1) (this hospital) attended	While At Not While At Work			f =2=	
o o	22. I certify that (1) (this hospital) attended the deceased from 19 to 19 to 19 that (1) (we) last saw the deceased alive an 19 and that (aur) apinion death accurred an the date and hour and from the causes stated above (1) (We) (did) (did not) view the body after death.					
val must	23A. SIGNATURE  23C. PHYSICIAN'S  MIME (Type)	Effet & Segree Phys.	ling Med. S	haff 23 B.	DATE SIGNED	
approval	24A. BURIAL CREMATION, 24B. DATE 240 REMOVAL (Specifyl	Son, Md DEGREE	936 7/ NATORY 24D. LO	V. ortele a c	vn, or county) (Stote)	
Written	25A, DATE REC'D BY HEALTH DETTO 25E, WAN	Drewer + (L)	250 PUNERAL DIRECTOR	1922 Forest	Drive AMNA, md	
**	VS 150-REV, 1/1/68					

9- 27901 70

Charles BATSON S.

ELLERY SHALLS

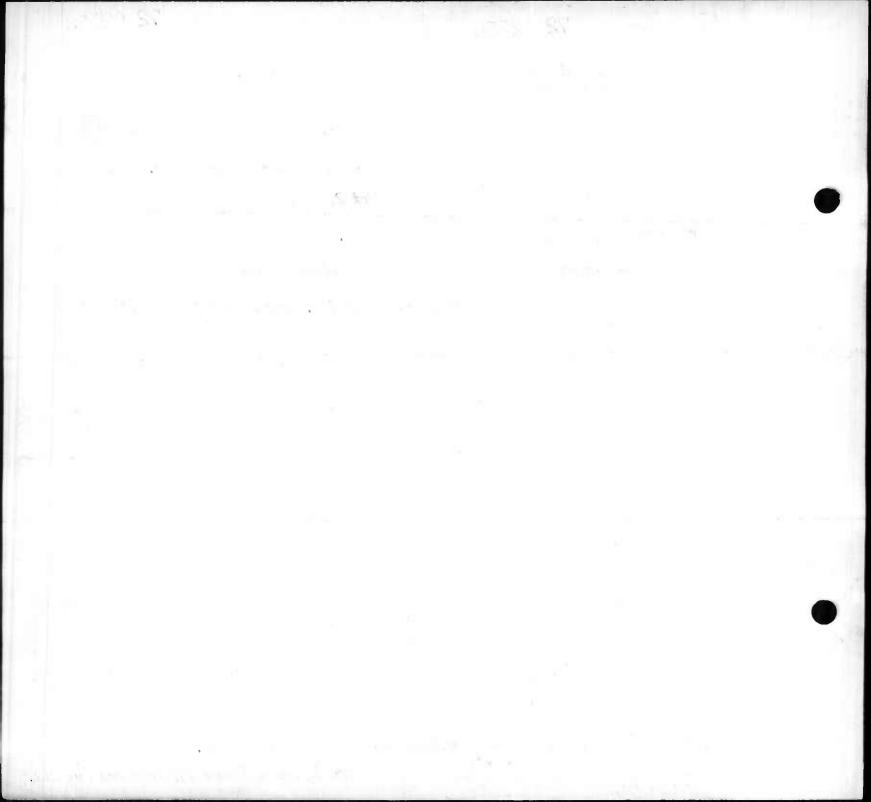
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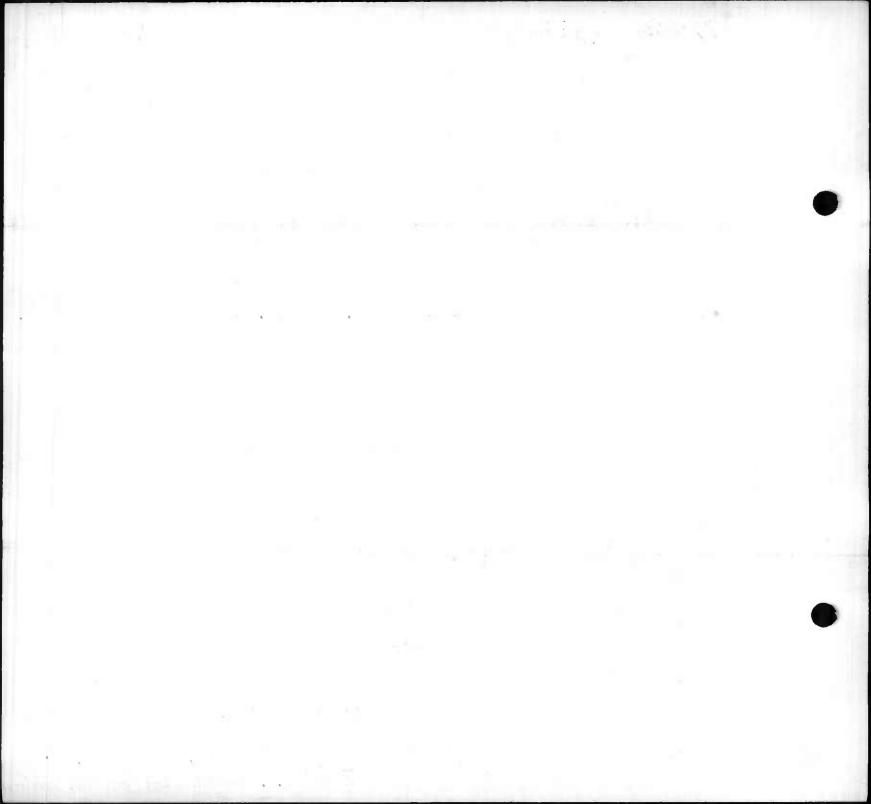
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8 03 - 72 05	BALTIMORE CITY	Y HEALTH DEPARTMENT	72 02550		
S-235 72 02	CERTIFICA	TE OF DEATH	REG. NO.		
1. NAME OF DECEASED (Type of Print)  Henry A Sex  3. PLACE IN BALTIMORE, MARYLAND, WHERE PI	EON	Ma	TO HOUR OF DEATH  TCh 10/1972 12:30 P M. Te decoased lived. Il institution: residence before admission)		
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION ADDRESS OR LOCATION)	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)		2534		
University of Maryla	nd Asspital	C. CITY OR TOWN Balto  E. STREET AND NUMBER	D. INSIDE CITY LIMITS?  YES NO		
38		3428 7th Street Balto Md. 21225			
M Cauc WIDO		Oct 2, 1909	9. AGE (In years of Under 1 Yt. If Under 24 His. Months Days Hours Min.		
10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY done during post, of working life, even it refired)		11, BIRTHPLACE (Stoto or forei	gn country) 12. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME	3. FATHER'S NAME		14. MOTHER'S MAIDEN NAME		
Gordon Sexton		Elizabeth Odh	am		
15. Wos Deceosed Ever In U. S. Armed Farces? (Yos, no ar unknown) (If yes, give war or dotos af sorv	ico) 16. SOCIAL 240 03 6208	Bethel E. Sexto	n 3428 7th Street 21225		
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (This does not mean the mode of dying, e.g., heart failure, asthenia, etc., II means the disease, injury or camplication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, giving size to the abave cause IA) stating the UNDERLYING CONDITION lost.  (A) IMMEDIATE CAUSE Acuto Myocovolia   Tutart 72hrs 12hrs 12h					
OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO THE TERMIN DISEASE OR CONDITION GIVEN IN PART 1 (A),  19A. DATE OF OPERATION 19B. CONDITION F WAS PERFORMED	VAL	20A. AUTOPSY? (Yes at No)	20B IF YES, WERE FINDINGS CONSIDERED		
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examine)	21 B. PLACE OF INJURY (e.g., in home, farm, factory, street, aff etc.)	or about 21C, WHERE DID	IN CERTIFYING CAUSES OF DEATH?  (If In Baltimare City, give exact location)		
	21E INJURY OCCURRED  While At Not While Work  Not While At Wark	21F. HOW DID INJURY OCCUR?			
22. I certify that MT(this hospital) attended the deceased from March 2 19 22 to March 10 19 22 that M (we) last saw the deceased alive an March 10 19 72 and that in (pr) (aur) apinion death accurred an the date					
and haur and from the causes stated abave. (1) (We) (dld) (did not) view the bady after death.  23A. SIGNATURE    Control   Co					
A service viga topectivi	C. NAME OF CEMETERY OF CREATERS CONT.		CATION (City, town, or county) (Stote)		
	AE OF REGISTRAR		L Home 237 Patapsco Ave 21225		



hospital and ise of death (5) Deceased ance on the death. Such	
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.	
This certificate must be approved by the chief medical examiner or his assistant if death occurred in the body was released to the hospital by a medical examiner. Also, if the direct or contributing shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined can was D.O.A. at a hospital (except where the physician who pronounced death was in regular at deceased prior to death); and (6) No physician was in regular attendance on the deceased prio written approval must be obtained before the remains are embalmed or final disposition is made.	
Also, if the ure of any kin on ounced de ratendance	
cal examiner at examiner s; (3) A fracti ian who pre in regular ins are embe	
by a medice by a medice 2) Body burns e the physic physician wa ore the rema	STORY OF THE PARTY
proved by the hespital ny nature; (3 except where and (6) No pobtained beforested to be a constant of the cons	
must be apreleased to tracident of a hospital (a to death);	
This certificate must be the body was released the shows: (1) An accident of was D.O.A. at a hospital deceased prior to death written approval must be	24
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	BALTIMORE CITY HEALTH DEPARTMENT					
	1) 600 70 00554' CEDTIFICATE OF DEATH FREG. NO. 72 02554'					
-	I. NAME OF DECEASED					
	(Type of Print)  Berger, Thomas Raymond march 11, 1972 17:50 A.M.					
	Berger, Thomas Raymond March 11, 1972 17:50 A.M.  3. PLACE IN BALTIMORE MARMAND, WHERE PRONOUNCED DEAD  4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)  A. STATE  B. COUNTY					
	FULL NAME OF IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET Maryland Anne Arundel County					
2	university of maryland Hasvital Pasadena YES NO 12					
1	22 S. Greene St., Balto, md. Route 10 Box 108 A					
1	5. SEX 6. RACE 7. MARRIED NEVER MARRIED 8. DATE OF SIRTH 19. AGE (in years   15 Under 1 Yr. 15 Under 24 Her					
	WIDOWED DIVORCED XXXX					
	10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or loreign country)  12. CITIZEN OF WHAT COUNTRY?					
	asst. manager Distributing (o. maryland U.S.A.					
	The state of the s					
	William Berger Mary Steinback  5. Wes Decesed Ever in U. S. Armed Forces? 16. SOCIAL 17. INFORMANT					
	Tes, no or unknown) (If yes, give war or doles of service) SECURITY NO.					
	100   272-05-6242 Mrs. Kathryn R. Berger Rte 10 Box 108 A Md.					
	DISEASE OR CONDITION DIRECTLY  CAUSE OF DEATH  APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH					
	LEADING TO DEATH					
	(This does not meon the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,					
	ANTECEDENT CAUSES					
	DISEASES OR CONDITIONS, if any, giving  (B) Peri-rectal abcers or Cellulitis 2 days:  DUE TO, OR AS A CONSEQUENCE OF:					
	inse to the above cause (A) stating the UNDERLYING CONDITION last. (C) Chronic Lamphy cytic Leukemia					
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING					
II	DISEASE OR CONDITION GIVEN IN PART 1 (A).  19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION   20A. AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERED					
	WAS PERFORMED YES IN CERTIFFING CAUSES OF DEATH?					
	218. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, farm, fociory, street office bidg., INJURY OCCUR? etc.)  218. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, farm, fociory, street office bidg., INJURY OCCUR?					
	21D. TIME (Month) (Day) (Year) (Hourt 21E INJURY OCCURRED 21E NOW DISTRICT					
	OF INJURY  While AI No! While A! Work					
I	22. I certify that # (this hospital) attended the deceased from Jan. 19 19 72 to haken 11 19 72					
I	that (6 (we) last saw the deceased alive on March 11 19 72 and that In(m) (our) opinion death occurred on the date					
	and haur and from the causes stated abave. (1) (# (did) (did) view the body after death.					
I	23A, SIGNATURE  23B, DATE SIGNED					
	Miland a Comercile M. D. DEGREE Phys.   Med. Director   Phys.   3/11/72					
	NAME (Type)  RICHARD A- Tomasylo M.D. DEGREE University Hospital, Greene & Lombard Streets					
	NAME (Type)  RECHARD A Tomasulo M.D. DEGREE University Hospital, Greene & Lombard Streets  4A. BURIAL CREMATION, 24B. DATE 24C. NAME OF CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) (Stole)					
	Burial 3/14/72 Glan Haven Memorial Park Glan Burnie, Anne Arundal Md.  5A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 125C. FUNERAL DIRECTOR BURNIE, Anne Arundal Md.					
	MR 14 1972 Pale & Falor, M.D. Mc (ully F.H. Mountain&Tick Neck Rds, Pasader					
IF	Waste Will and The Reck Rds. Pasader					



### FUNERAL DIRECTOR: IMPORTANT

BALTIMORE CITY HEALTH DEPARTMENT REG. NO. ERTIFICATE OF DEATH pital and of death Such (4) Undetermined cause; (5) Deceased I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) uo a hospital death. 4. USUAL RESIDENCE (Where deceosed lived, If institution; residence before 3. PLACE IN BALTIMORE, MARYLAND, WHERE FRONOUNCED DEAD ance B. COUNTY A. STATE COUSE FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) HOSPITAL OR C. CITY OR TOWN D. INSIDE CITY LIMITS? attend 40 Chesa prior E. STREET AND NUMBER contributing Narbon View Nursing occurred is made. regular S. SEX 6. RACE B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. Months: Doys If Under 24 Hrs. NEVER MARRIED deceased lost birthdoy Hours ! 92 XXX 10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? death disposition done during most of working life, even if retired) = USA proposogo Norway Was the 13. FATHER'S NAME MOTHER'S MAIDEN NAME Jorgen Gunderson poppopopopop Eline Symertsen eath uo 15. Was Deceased Ever in U. S. Armed Forces? 6. SOCIAL ADDRESS or final (Yes, no or unknown) IIf yes, give wor or dotes of service) SECURITY NO. attendance no Nursing Home Records any pronounced CAUSE OF DEATH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY Also, embalmed of LEADING TO DEATH fracture (This daes not mean the made of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF hearl foilure, osthenia, etc. It means the disease, chief medical examiner regular injury ar camplication which coused death.) ANTECEDENT CAUSES who are DUE TO. OR AS DISEASES OR CONDITIONS, if ony, giving rise to the obove cause (A) stoting the physician before the remains UNDERLYING CONDITION last. medical burns; MOS CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING No physician TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A). Body 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 19A. DATE OF OPERATION 19B CONDITION FOR WHICH OPERATION 20A. AUTOSSY? IYes or No! the 0 WAS PERFORMED by 6 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 21 B. PLACE OF INJURY le.g., in or nbout 21 C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? the (If in Boltimore City, give exact location) where the hospital MEDICAL DEATH Inotify medical examiner etc.) nature; by obtained 21 D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 9 Not While approved OF INJURY (except While At (APPROX.) At Work Work and any 22. I certify that (1) (this hospital) attended the deceased from ond that in(my) (our) opinion death accurred on the date pe that (1) (we) last sow the deceased alive on. of death) a hospital ond haur ond from the causes stoted above. (1) (We) (did) (did not) view the body ofter deoth. must An accident 23A. SIGNATURE Attending [ 0 written approval Phys. 23C. PHYSICIAN 23D. ADDRESS certificate prior at NAME IType the body was 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION eceased (City, town, or county) was D.O. REMOVAL (Specify) Cremation shows: Loudon Park Baltimore, Md. This 25B. NAME OF REGISTRAR 25A, DATE REC'D BY HEALTH DEPT. 25C. FUNERAL DIRECTOR ADDRESS Leonard J. Ruck Inc. Balto. Md. VS 150-REV. 171768

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RIPT	-100 1A	2 02553		TE OF DEATH	REG. NO.	72 02553
1. NAME OF DECEASED (Type or Print) Edward A. Popp			2. DATE AND HOUR OF DEATH  3/9/72  12 10			
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD  FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET			4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission)  A. STATE  B. COUNTY  Md.			
FULL NAME OF ADDRESS OR LOCATION)  HOSPITAL OR ADDRESS OR LOCATION)  Which is the street of the stre		c. CITY OR TOWN Baltimore	D. INS	SIDE CITY LIMITS?  YES NO		
		E. STREET AND NUMBER 4002 Hamilton Ave.				
	M C	auc.	RRIED NEVER MARRIED DIVORCED DIVORCED	7/24/1893	9. AGE (In years last birthday) 78	It Under 1 Yr. It Under 24 H Manths Days Haurs Min.
	during most of working life, a		ND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fo	areign country)	USA
13. FATHER'S NAME George Popp			14. MOTHER'S MAIDEN NAME Elizabeth Schneemann			
s. v Yes,	vas Deceased Ever in U. na arunknawn) (If yes, giv	S. Armed Forces? e war ar dates at ser	16. SOCIAL 217-48-1035	Mrs. Evelyn R	ahley same	ADDRESS
RTIFICATION	OTHER SIGNIFICANT CONDITION OF THE DEATH SUT NOT DISEASE OR CONDITION (194. DATE OF OPERATION)	cause (A) stating ON last.	TING Remot Congestion	A CONSEQUENCE OF:  Sid Continued  Henry Daily Da	hill E. Anti-	FINDINGS CONSIDERED AUSES OF DEATH?
CALC	21A. ACCIDENT WAS UN OR CONTRIBUTING CA DEATH (natify medical ex	NDERLYING AUSE OF	21B. PLACE OF INJURY (e.g., i hame, farm, factory, street, al etc.)		(If in Saltimo	re City, give exact lacation)
N N	21D. TIME (Month) ( OF INJURY (APPROX.)	Day) (Year) (Hour	21E. INJURY OCCURRED  While At Not While At Work	21F. HOW DID I	NJURY OCCUR?	/ /
	that (I) (we) last saw	the deceased alive			that in (my) (aus) op	3/5/19/2
	23A. SIGNATURE  LEAN S 23C. PHYSICIAN'S NAME (Type)  Albert B.	Bradley,	M.P. GEGREE	onding Med. Director  23D. ADDRESS  4900 Belair	Shaff Phys. C	
24A.	BURIAL CREMATION, 2 REMOVAL (Specify) Burial	3/13/72	Oaklawn		Balto. Md.	City, tawn, ar county) (Slate)
25A.	DATE REC'D BY HEALTH	P. R. S. E. 3.	AME-OF REGISTRAN	25C. FUNERAL DIRECT	Ruck Inc. B	a lto. Md.

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WAY SETTING GOLD

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25C. FUNERAL DIRECTOR

**ADDRESS** 

Md.

OLeonard J. Ruck Inc. Balto.

VS 151-REV. 1/1/68 N 8 5 2 1

2SB. NAME OF REGISTRAR

2SA. DATE REC'D BY HEALTH DEPT.

PARTY OF THE PROPERTY OF THE PARTY OF THE PA WANTED THE RED PORCESSION OF Pullerton & Mupz Enneral Tone . come of back those frames. 3/15/77 3t.01016 Claimion, era.

Lagrand W. Buck 100. Dales.

assistant

medical

the chief

approved

certificate

hospital

BALTIMORE CITY HEALTH DEPARTMENT 72 02555 REG. NO. CERTIFICATE OF DEATH Such death (5) Deceased 1. NAME OF DECEASED 2. DATE AND HOUR OF DEATH 12:38 (Type or Print) John B. Bavis 3/10/72 00 death. 4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD ance A. STATE cause (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) FULL NAME OF Md. HOSPITAL OR C. CITY OR TOWN D. INSIDE CITY LIMITS' attend Undetermined cause; 0 YES X NO [ Baltimore Harford Gardens Nursing Home prior E. STREET AND NUMBER contributing 2709x The vivi yang was made regular S. SEX 6. RACE 9. AGE (In If Under 1 Yr. If Under 24 Hrs. Months: Doys Hours Min. B. DATE OF BIRTH · MARRIED NEVER MARRIED deceased lost birthdoy M. Cauc. WIDOWED Jan.20,1878 94 DIVORCED tOA, USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? isposition done during most of working life, even if retired) U.S.A. Retired Produce Buisness Maryland SD 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME the direct 4 James Bavis Unknown 0 death B kind; 15. Was Deceased Ever in U. S. Armed Forces 6. SOCIAL 17. INFORMANT ADDRESS final (Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO attendance 217-32-9708 Miss Mildred Bavis 2709 The Alameda No any CAUSE OF DEATH 0 BETWEEN ONSET AND DEATH pronounce DISEASE OR CONDITION DIRECTLY med of LEADING TO DEATH (A) IMMEDIATE CAUSE (This does not meon the made at dying, e.g., DUE TO, OR AS A CONSEQUENCE OF heart failure, asthenia, etc. It means the disease, 9 ba injury of complication which caused death.) em 5 ANTECEDENT CAUSES who 0 9 are 4 DUE TO, OR AS A CONSEQUENCE OF DISEASES OR CONDITIONS, if any, giving to the abave cause (A) stating the 5 the remains UNDERLYING CONDITION last. physicia Was medical burns; CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL physician DISEASE OR CONDITION GIVEN IN PART ! (A) 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION the IN CERTIFYING CAUSES OF DEATH? 0 WAS PERFORMED before (5) 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (If in Boltimoro City, give exoct location) where OR CONTRIBUTING CAUSE OF home, form, foctory, street, office bldg., INJURY OCCUR? MEDICAL to the hospital °Z DEATH (notify medical examined) any nature; 0 21 D. TIME (Month) (Day) (Year) (Hour) 21 E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 9 OF INJURY obtaine (except While At Not While F (APPROX.) and Work At Work 22, I certify that (I) (this hospital) attended the deceased from 1977 be that (I) (we) last saw the deceased olive an ond that in (my) (our) opinian deoth occurred on the dote eath); 10 hospital and hour and from the couses stoted above, (1) (We) (did) (did not) view the body ofter deoth, he body was released must An accident 23A. SIGNATURE 23B. DATE SIGNED 0 Attending Mod Shaff 10 Director L Phys. approval 8 23 D. ADDRESS 23 C. PHYSICIAN'S prior at NAME (Type Maurice Feldman 6610 Cross Country Blvd. Balto. Md. shows: (1) 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, or county) eceased 0.0 REMOVAL (Specify) Burial Holy Redeemer Baltimore, Maryland Was 2SA. DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS Rechard J. RuckInc. Balto. Md. VS 150-REV. 1/1/6B

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72 02556 BALTIMORE CITY HEALTH DEPARTMENT MEDICAL EXAMINER'S CERTIFICATE OF DEATH BIRTH NO. 1. NAME OF DECEASED DATE Known XX Month Doy Yeor Hour (Type or Print) OF 72 Dorothy E. Schnieder 3 11 Estimoted -DEATH M. 4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD DATE Doy Month Year Hour 8: (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET PRONOUNCED DEAD 587. 11 72 FULL NAME OF 3 HOSPITAL ADDRESS OR LOCATION) OR INSTITUTION 5. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) 4020 Ridgecroft Road A. STATE B. COUNTY Md. 7. RACE C. CITY OR TOWN D. INSIDE CITY LIMITS? 6. SEX B. MARRIED NEVER MARRIED White female WIDOWED . DIVORCED YES X Balto. NO 9. DATE OF BIRTH 10. AGE (In years lost birthday) If Under 1 Yr. If Under 24 Hrs. E, STREET AND NUMBER Months | Doys , Hours | Min. Aug. 15, 1889 4020 Ridgecroft Rd 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF 13. FATHER'S NAME WHAT COUNTRY? Maryland Frederick Schwear 14A. USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTRY 15. MOTHER'S MAIDEN NAME done during most of working life, even if retired) Wilhelmina Fethe Housewife 16. WAS DECEASED EVER IN U.S. ARMED FORCES? 17, SOCIAL SECURITY NO 18. INFORMANT **ADDRESS** (Yes, no or unknown) (If yes, give wor or dates of service) 215-10-2632D Mr Norman Schneider 4007 Biddison La APPROXIMATE INTERVAL CAUSE OF DEATH BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF heart foilure, osthenio, etc. It meons the diseose, injury or complication which coused death.) **ANTECEDENT CAUSES** DUE TO, OR AS A CONSEQUENCE OF: DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C). П OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). CERTI 20A. DATE OF OPERATION 208. CONDITION FOR WHICH OPERATION WAS PERFORMED 21. AUTOPSY? (Yes or No) ¥ 22A. **EXTERNAL CAUSE WAS** 228. PLACE OF INJURY (e.g., in or obout 22C. WHERE DID (If in Boltimore City, give exoct location) home, form, foctory, street, office bldg., etc.) INJURY OCCUR? UNDERLYING TOR CONTRIB-UTING CAUSE OF DEATH. 22D. TIME (Month) (Doy) (Year) (Hour) 22E. INJURY OCCURRED 22F. HOW DID INJURY OCCUR? OF INJURY WHILE AT NOT WHILE (APPROX.) WORK AT WORK 23. Inspection I certify that I held an Inquiry Autopsy and that an this basis, death in my apinian Accident Suicide Hamicide \_\_\_ resulted fram: Natural causes Undetermined manner CHIEF MEDICAL EXAMINER DATE SIGNED **ACTUAL** ASSISTANT MEDICAL EXAMINER SIGNATURE 3/11/72 **EXAMINER'S** ASSOCIATE MEDICAL EXAMINER Peter Tipkovic, M.D. NAME (Type) 24A. BURIAL CREMATION. 24C. NAME of CEMETERY or CREMATORY 24B. DATE 24D. LOCATION (City, town, or county)

Oaklawn

258. NAME OF REGISTRAR

Baltimore, Maryland

J'Ruck Inc. Baltimore, Md

25C. FUNERAL DIRECTOR

Dechard

VS 151-REV. 1/1/68

REMOVAL (Specify)
Burial

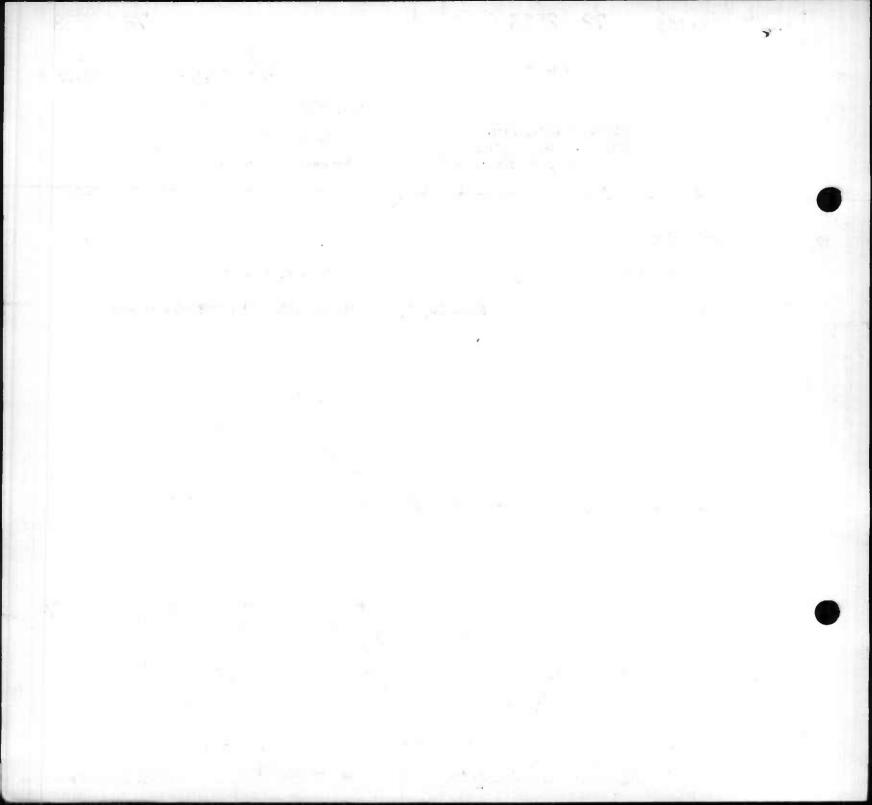
25A DATE REC'D BY HEALTH DEPT.

THE WILLIAM STA tout all theory and PRINCE IT OF BOLDER PRO ( ) . Market Land Prederick Schwert williefeire Faller 215-10-2032D Pr norman summercar ACOV Indicas AMMINUS STANCE LEIDEN WHAT THE COURSE PLAN . Children . 20 Page 19 March

	-55	0 72	025	57 CERTIFICA	TE OF DEA		72 02557
1.NA	ME OF DEC			CANNO	2.	March 11, 1972	
FULL	NAME OF	(IF NOT IN HOSPI ADDRESS OR LOC		DUNCED DEAD	A. STATE  Maryland  C. CITY OR TOWN		1202
INSTI	TUTION	3206 Abell A			Baltimor	ө	YES NO NO
0	0				3206 Abe	11 Avenue	
5. se		caucasian	7- MARRIEI		12-25-88	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
done (		vorking life, even if retired) T		red	Penna.  14. MOTHER'S MA		U.S.A.
		F. Cannon				et Early	
5. W Yes,	os Deceosed no or unknown)	Ever in U. S. Armed Fo (If yes, give wor or do	rces? es of service)	16. SOCIAL SECURITY NO. 183-12-503	Mrs. Rita	Glisson, 3206	Abell Ave, Balto, Md.
ATION	DISEASES OF INTERPRETATION OF THE DEAT OF	IPLICATION Which couse ANTECEDENT CAUSE OR CONDITIONS, if O obove couse (A) CONDITION lost.  IL ICANT CONDITIONS COUNTY TO THE BUT NOT RELATED TO ONDITION IN PA	any, givin sloting th  ONTRIBUTING THE TERMINAL RT 1 (A).	(c)	A CONSEQUENCE C		
E (	)	THE PARTY OF THE P	RFORMED	WHICH OPERATION	20A. AUTOPSY?	IN CERTIFYING	ERE FINDINGS CONSIDERED CAUSES OF DEATH?
U 2	PEATH (notify	ITING CAUSE OF	21 ho ef	B. PLACE OF INJURY (e.g., ome, form, foctory, street, oc.)	n or obout ffice bidg., INJURY O	RE DID (If in Bold	timore City, give exact location)
WED!	1 D. TIME F INJURY APPROX.)	(Month) (Doy) (Yeor	V	/hile At Not Whi	e 🗀	DID INJURY OCCUR?	
t	TOR CONTROL						3-1/1972, apinlon death accurred an the date
	3A. SIGNATU	edwick }	Volla	Vollmer	onding Med. birec 23D. ADDRESS	Nor Staff Phys. T	23B. DATE SIGNED 3-11-72 Lto, Md.
	REMOVAL (S Buria	pecify)		NAME of CEMETERY of CR		Baltimore,	(City, town, or county) (Stote) Maryland
25A.	DATE REC'D	1972 Race	25B. NAME	OF REGISTRAR	25C. FUNERAL		ADDRESS

Borgatier. 477 0 164.0 . . . . diminate and a mine till of lat. bw. [Liede 105] smale 10 is the . up/ 1500-16-150 in reducing a Wellings with World Road, Malice, ot. Matamapa, the same

V V	3-100	72 02	2558		HEALTH DEPARTMENT OF DEAT		72	02558
	RTH NO.	FASED		CERTIFICA				
	po or Print)	Stefan	SEBO		2, DA1	E AND HOUR OF DEATH		
3.	PLACE IN BALT	IMORE, MARYLAND, W	HERE PRONO	UNCED DEAD	4. USUAL RESIDENCE A. STATE B. C	March 10,1972 (Where doceosed lived, 11 in	nstitution: re:	11:55 A
FL	JLL NAME OF	IIF NOT IN HOSPIT	AL OR INSTITU	UTION, GIVE STREET	Maryland		,	2646
lin	OSPITAL OR ISTITUTION	Midtown Ho			C. CITY OR TOWN	D. INS	IDE CITY LIA	AITS?
	90	808 St. Pa			Baltimore	21222	YESX	№ 🗌
	-	Baltimore,			6728 Rober			
5.		6. RACE	7- MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years lost birthday) 82	Il Under	1 Yr. If Under 24 Hrs Days Hours Min.
L	M	W	WIDOWED		10/24/89	1	TVIOIIIIS.	Poys Hours Will.
do	A. USUAL OCCU	PATION (Give kind of work rorking life, even if retired)	108, KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stole o	r foreign country)	12. CITIZ	EN OF WHAT COUNTR
11	rick Lay	CARL CO. LAND HOLDS			Europe			usa
13.	FATHER'S NAM	A E			14 MOTHER'S MAIDEN	INAME		u 5 u
	Frank S	ebo			Victoria	Senesi		
15.	Wos Deceosed	Ever in U. S. Armed For Ill yes, give wor or dote	ces?	1 6. SOCIAL	17. INFORMANT	- 0011002		ADDRESS
("e	no or unknown)	ul yes, give wor or dole	s of service)	SECURITY NO. 110-01-3275	Victor Sel	oo 6802 Robert		
-	18. /// 4	0		CAUSE OF DEATH		JO 0002 ROUELC	s Aven	
	14/1	E OR CONDITION DI	ECTI V	CAUSE OF DEATH		c1 6		APPROXIMATE INTERVAL
		LEADING TO DEATH	(FC1F1		.ASC.	O Dues.		?
	(This does no	of mean the mode of asthenia, etc. It means	dying, e.g.,	(A) IMMEDIATE CAU	CONSEQUENCE OF:			***************************************
I	injury or comp	dication which coused	deoth.)		1/ "			>
	A	NTECEDENT CAUSES		de t	H-1act	user		1
	DISEASES O	R CONDITIONS, it	ony, giving	DUE TO, OR AS	A CONSEQUENCE OF:			·-7
		obove cause (A) CONDITION last	sloling the		Cron Le	in Tack	le	
		11		(C)				
ERTIFICATION	ITO THE DEATH	CANT CONDITIONS COI BUT NOT RELATED TO THE ENDITION GIVEN IN PART	IE TERMINAL	***************************************	6. V-A	Ch. b.	D.	7269-197
	19A. DATE OF	OPERATION 198. CON	DITION FOR W	HICH OPERATION	20A. AUTOPSY? LYes	or No. 208, IF YES, WERE IN CERTIFYING CA	FINDINGS C	ONSIDERED
ERT	0	WAS PERF			No	IN CERTIFYING CA	USES OF D	ATH?
CAL CI	21 A. A CCIDEN OR CONTRIBUT DEATH Inotify	T WAS UNDERLYING TING CAUSE OF	21 B, home etc.)	PLACE OF INJURY le.g., In a, form, foctory, street, olf	or about 21 C. WHERE DI	D (II in Boltimor	e City, give	exoct location)
MEDI	21D. TIME OF INJURY	(Month) (Doy) (Year)	(Hour) 21E	INJURY OCCURRED	21F. HOW DID	INJURY OCCUR?		
×	(APPROX.)		Whil Work	le Al  Not While			A	
		hot (1) (this hospital		e deceosed from	119	19 7 ( to	110	192>-
	that (1) (we) 1	ost saw the decease	d ollve on	may 3	1973 on	d that in (my) (our) opin	nion deoth	accurred on the date
	ond hour ond	from the causes stat	ed obove. (1)	(We) (did) (did not) vi	ew the body after dea	th.		
	23A. SIGNATUR	E ( )	10				23B. DATE	SIGNED
		Mufux 10	Hern	DEGREE Phys.	ding Med.	Staff Phys.	3/10	172
	23C. PHYSICIAN NAME (Typ		C 1		3D. ADDRESS	R		/
		VOSEPA	3.17	LUM HS DEGREE	1015 K	- (ALVERT	57	
24/	REMOVAL (Sp	ATION, 248. DATE	24C. NA	ME of CEMETERY OF CRE	MATORY 241	D. LOCATION (Cit	y, lown, or	county) (Stote)
	Burial	3-13-72	2 Oa	k Lawn Cemete	ry	Baltimore, Man	vland	
25A	DATE REC'D	BY HEALTH DEPT.	258 NAME O	FyREGISTRAR	25C FUNERAL DIREC		7	ADDRESS
	MAR 14	972 16 Bent 8	Jaber	M.D.		ROWSKI 1005 DI	UNDALK	
1/5	150-PEV 1/1/40							



4 112	BALTIMORE CITY	HEALTH DEPARTMENT	72 02559
BIRTH NO. HOWEN TO 721 22559	CERTIFICA	TE OF DEATH REG.	No. 12009
	illiard	2. DATE AND HOUR OF	16:17 AM M.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PROHOUN		4. USUAL RESIDENCE (Wilere deceased live A. STATE B. COUNTY	
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTE ADDRESS OR LOCATION)	ON, GIVE STREET		hington //
INSTITUTION	0	C.CITY OR TOWN Hagerstown	D. INSIDE CITY LIMITS?  YES X NO
Johns Hopkins Hospita	<u>k</u>	E. STREET AND NUMBER	
		671 Highland Way	
5. SEX 6. RACE WIDOWED WIDOWED	DIVORCED _	8. DATE OF BIRTH 9. AGE (In yellost birthdoy)	Months Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF B done during most of working life, even if refired)  infant	USINESS OR INDUSTRY	Haperstown, Md	12. CITIZEN OF WHAT COUNTRY?
HILLIAND, DONALD Hilliard		14 MOTHER'S MAIDEN NAME! Be-	tty Jane Payne ne
15. Wes Deceased Ever in U. S. Armed Forces? (Yes,no or unknown) lif yes, give war or dates of service)	SECURITY NO.	Donald L. Hilliard	671 High 12 nd Way Hagerstown, Md.
16. 746.11	CAUSE OF DEAT		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		se Hypoxemia	3 days
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	(A) IMMEDIATE CAU	A CONSEQUENCE OF:	7
injury or complication which caused death.)	7.	1. (11 6.0)	Allerrela 3days
ANTECEDENT CAUSES	(B) Vans	A CONSEQUENCE OF	t Versels 3 days
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the	DUE TO, OR AS	A CONSEQUENCE OF	
UNDERLYING CONDITION lost.	(c)		
O THER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  19A-DATE OF OPERATION 119R CONDITION FOR WH WAS PERFORMED  21A-ACCIDENT WAS UNDERLYING 1 218 P	ICH OPERATION	20A AUTOPSYR (Yes or No.) 20B. IF YES	WERE FINDINGS CONSIDERED NG CAUSES OF DEATH?
OR CONTRIBUTING CAUSE OF home,	ACE OF INJURY le.g., i form, factory, street, of	n or about 21 C.WHERE DID (II in fice bldg, INJURY OCCUR?	Baltimore City, give exact location)
W OF INITION	JURY OCCURRED	21F. HOW DID INJURY OCCUR?	
APPROX.) While Work	At Work	• 🗆 📗	1.
22. I certify that (1) (this hospital) attended the		3/8 19 70 to	3/10 19 70
that (1) (we) last saw the deceased alive on	3//0		our) opinion death occurred on the date
and hour and from the causes stated above.	We) (did) (did not) v	lew the body after death.	23B. DATE SIGNED
			238 DATE STONED
11111	Atte	nding Med. Staff	3/10/24
thomas of ma M	DEGREE Phys	nding Med. Stoff Phys. 23D. ADDRESS	3/10/72
11111	DEGREE Phy	. Director Phys.	3/10/72 05pital
23C. PHYSICIAN'S NAME (Type) THOMAS HOFFMAN	DEGREE Phys	Johns Hopkins H	3/10/72 OSpital (City, town, or county) (State)
23C. PHYSICIAN'S NAME (Type) THOM AS HOFFMAN 24A. BURIAL CREMAYION, 24B. DATE REMOVAL (Specify) 24C. NAM	DEGREE Phy  DEGREE  DEGREE  RE 01 CEMETERY 02 CR	Johns Hopkins H	
23C. PHYSICIAN'S NAME (Type) THOM AS THO FTM AN  24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify) Burial March 13 ROSEC 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF	DEGREE Phy  DEGREE  DE	Director Phys. 223D. ADDRESS  JOHNS HOPKINS H  MATORY 224D. LOCATION  Martins  250, JUNETAL DIRECTOR	burg, West Va
23C. PHYSICIAN'S NAME (Type) THOM AS HOFFMAN  24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify) Burial  March 13  Roseo	DEGREE Phy  DEGREE  DE	Director Phys. E23D. ADDRESS  Johns Hopkins Homatory  24D. LOCATION  Martins	burg, West Va

THE MENT WAS A PROPERTY OF THE PARTY OF THE

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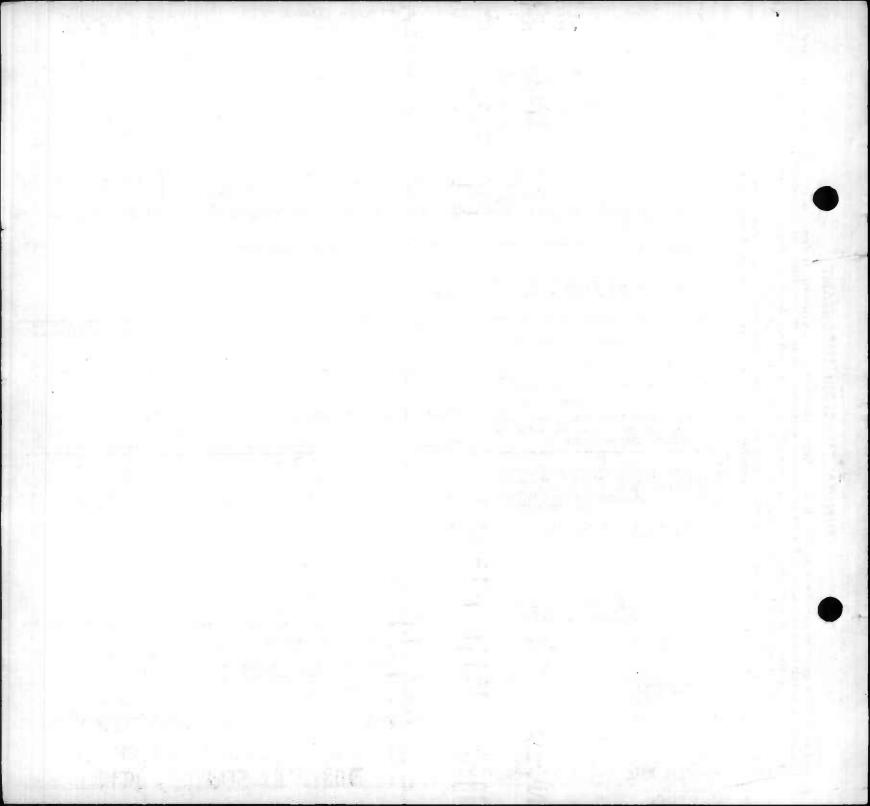
occurred

death

U2560 BALTIMORE CITY HEALTH DEPARTMENT REG. NO. CERTIFICATE OF DEATH Such (5) Deceased death I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) Eugene P Kress LO March 10 1972 death. 4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission) of 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 8. COUNTY attendance A. STATE Maryland cause (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) FULL NAME OF HOSPITAL OR C. CITY OR TOWN D. INSIDE CITY LIMITS? 10 etermined cause; 6558 St Helena Ava Dundalk NOT YES X prior STREET AND NUMBER contributing 6558 St Helena Ave made. regular 9. AGE (In years 5. SEX 8. DATE OF BIRTH tf Under 1 Yr. Months: Doys If Under 24 Hrs. 6. RACE 7. MARRIED TNEVER MARRIED deceased Hours last birthday male cacasian Sept 1 1919 WID OWED [ DIVORCED 10A, USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? isposition done during most of working life, even if retired) Penn Cen Railroad Maryland Ond MOS the 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME direct John Kress 4 Margaret death T kind; 15. Was Deceased Ever in U. S. Armed Forces 17. INFORMANT ADDRESS 6. SOCIAL 0 (Yes, no or unknown) (If yes, give wor or dates of service) SECURITY NO. final Mary I. attendance yes Mrs Targaret Kress 6558 St Helena any CAUSE OF DEATH APPROXIMATE INTERVAL 0 BETWEEN ONSET AND DEATH pronounce DISEASE OR CONDITION DIRECTLY med of LEADING TO DEATH (A) IMMEDIATE CAUSE fracture (This does not mean the made of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF heart lailure, osthenia, etc. It means the diseose, emba gular injury or camplication which coused death,) ANTECEDENT CAUSES who DUE TO, OR AS A CONSEQUENCE OF 16 are 4 DISEASES OR CONDITIONS, if any, giving ta the abave cause (A) (3) stoting the c physician UNDERLYING CONDITION lost, the remains MOS medical burns; 11 CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL physician DISEASE OR CONDITION GIVEN IN PART 1 (A) Body 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20 A. AUTOPSY? (Yes or No) the 0 WAS PERFORMED before 6 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID home, farm, factory, street, office bldg., INJURY OCCUR? (If In Boltimore City, give exact location) where to the hospital MEDICAL °Z DEATH (notify medical examined etc.) any nature; obtained 21 D. TIME (Month) (Day) (Year) (Hour) 21 E. INJURY OCCURRED 21 F. HOW DID INJURY OCCUR? 9 OF INJURY Not While (except While At (APPROX.) and Work At Work 1-30 22. I certify that (1) (this hospital) attended the deceased from... . 1-29-1972 ond that in (my) (our) opinion death occurred on the date that (I) (we) lost sow the deceased alive on..... pe o eath) hospital ond hour and from the causes stated above. (1) (We) (did) (did not) view the body after death. the body was released must accident 23 B. DATE SIGNED 23A. SIGNATURE 0 Attending C Med. 40 Director \_\_\_ Phys. approval ō 23 D. ADDRESS prior at NAME/(Type) An 0 4 BURIAL CREMATION, REMOVAL (Specify) shows: (1) CEMETERY OF CREMATORY 24D. LOCATION (City, lown, or county) deceased was D.O. 72 | Moreland Men 72 Mar 13 Baltimore Md 25A. DATE REC'D BY HEALTH DEPT. 256. FUNERAL DIRECTOR ADDRESS Illrich Funeral Home VS 150-REV. 1/1/68

3-20-1972 - Correction form from Funeral Director - HRS

	3-650 72 025	61	TE OF DEATH	EG. NO. 72	02561
	NAME OF DECEASED IRU(N	6 GREEN	JE 2 DATE AND HOUR	OF DEATH/ 27/721	7100 2 4
3.	PLACE IN BALTIMORE, MARYLAND, WHERE PR	ONOUNCED DEAD	4. USUAL RESIDENCE (Where decoses	d lived y institution; ro	sidence before odmission)
FU	ULL NAME OF (IF NOT IN HOSPITAL OR IN ADDRESS OR LOCATION) STITUTION	ISTITUTION, GIVE STREET	M.D. BALT C. CITY OR TOWN	D. INSIDE CITY LIF	1401 MITS?
II.	10 MAPPIALLO	G670.	BALTO	YES _	№ □
	HexF	ITAL	E. STREET AND NUMBER	51-	
	M ( ) WIDON		8. DATE OF BIRTH 9. AGE (In lost birthd)	Months	Tr. If Under 24 Hrs. Doys Hours Min.
dor	LUSUAL OCCUPATION (Give kind of work 10B, KIN to during most of Working life, even if refired)	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE IState or foreign country	I I2. CITIZ	EN OF WHAT COUNTRY?
13.	FATHER'S NAME		14. MOTHER'S MAIDEN NAME		
15. (Ye	Was Deceased Ever in U. S. Armed Forces? s, no or unknown! (If yes, give war at doles af serv	cel 16. SOCIAL SECURITY NO.	MI), GD. A	JOSPITAL.	ADDRESS INFO SALAR
	18. / 3 3	CAUSE OF DEAT	H 0000	1.	APPROXIMATE INTERVAL
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		Part	0.0.	ETWEEN ONSET AND DEATH
	(This does not mean the mode of dying,	(A) IMMEDIATE CAL	A CONSEQUENCE OF:	Color	- 2 Mrs.
	heart failure, asthenia, etc. It means the dise injury or complication which caused death.)	ose,	A CONSEQUENCE OF		V
	ANTECEDENT CAUSES	4-1			
	DISEASES OR CONDITIONS, if any, gi	ving DUE TO, OR AS	A CONSEQUENCE OF:		***************************************
	rise to the above cause (A) stating UNDERLYING CONDITION task	(c)			
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTI	NG Small in	testinal obstruction	n	
CERTIFICA	DISEASE OR CONDITION GIVEN IN PART 1 (A), 19A-DATE OF OPERATION 19R CONDITION F WAS PERFORMED	OR WHICH OPERATION	20A. AUTOPSY? (Yes or No.) 20B, IF IN CERT	YES, WERE FINDINGS OF D	CONSIDERED EATH?
CAL	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examine)	21B. PLACE OF INJURY (e.g., in home, form, foctory, street, of etc.)	n or obout 21C. WHERE DID (I lice bldg., INJURY OCCUR?	If in Boltimore City, give	exoct locotion)
MEDI	21D. TIME (Month) (Doyl (Yeor) (Hour) OF INJURY (APPROX.)	While At Not While Work At Work	21F. HOW DID INJURY OCC	U R?	
	22. I certify that (b) (this hospital) attend		2 18 19 74	to2_2	6 19)2
	that (b) (we) last saw the deceased alive	on 77772	19and that in (my)	(aur) apinian death	accurred on the dote
	and haur and from the causes stated abov	o. (1) (Ma) (did) (did mor) v			
	23A, SIGNATURE Karl ( Mea	Atte Phys	nding Med. Stoff Director Phys.	23B, DATE 2/1	SIGNED L7/72
	23C. PHYSICIAN'S NAME (Type)	SPRINE MI	MD. CHENE	par the	20-
244	REMOVAL (Specify)	DEGRATE	WARD IN DURING	HARVEA	(Stote)
25.	3-3-72	III	VIVESCITY MEDIC	II SCHOOL	
1	MANTA BAS NOTICE E JOHN	ME OF REGISTRAR	MORTHARY SER	VICE R	CHI)
VS	150-REV. 1/1/68				



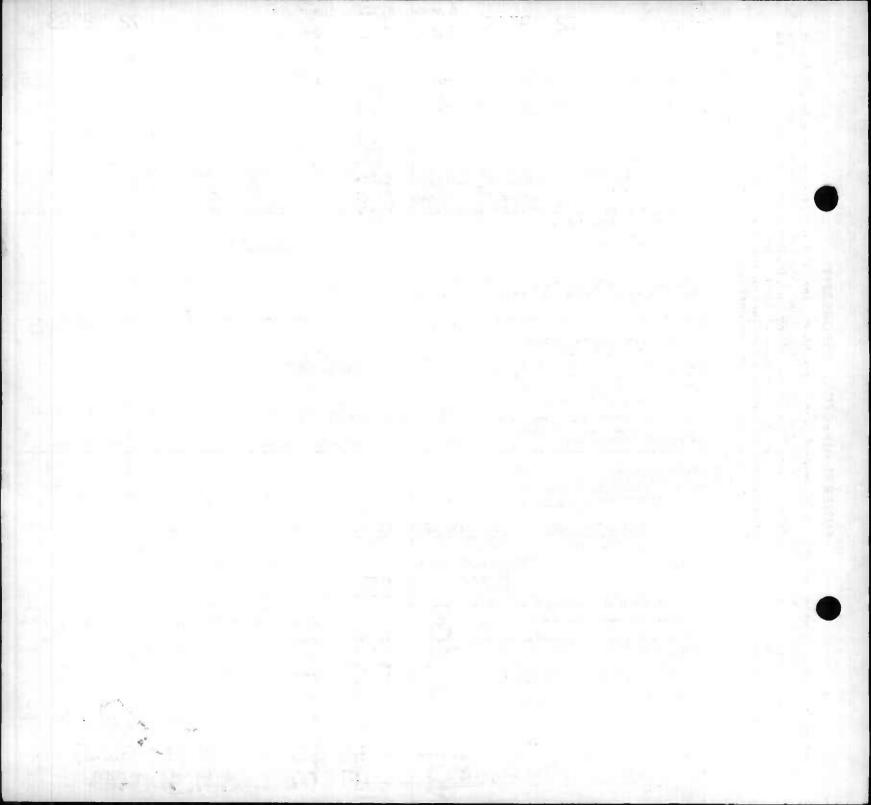
in a hospital and	ig cause of death	ause; (5) Deceased	attendance on the	or to death. Such		
ant if death occurred	direct or contributin	d; (4) Undetermined of	ath was in regular o	on the deceased pri	I disposition is made.	
approved by the chief medical examiner or his assistant it death occurred in a hospital and	caminer. Also, if the	shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the	deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such	written approval must be obtained before the remains are embalmed or final disposition is made.	
by the chief medical e	oital by a medical ex	re; (2) Body burns; (3)	where the physician	No physician was in	d before the remains a	
must be approved to	released to the hosp	sccident of any natur	a hospital (except v	r to death); and (6)	ral must be obtained	
This cortificate must be	the body was	shows: (1) An c	was D.O.A. at	deceased prior	written appro-	

0	(1) 29	02562	BALTIMORE CITY	HEALTH DEPARTMENT		70 00500		
C-54	0 IK	02002	CERTIFICA	TE OF DEATH	REG. NO	72 02562		
BIRTH NO.	CEATED		CERTIFICA		ND HOUR OF DEATH			
(Type or Print)	Connolly.			2-21	L-72	12:20 P M.		
3. PLACE IN BA	UTIMORE MARTLAND,	ARAT	A TEN STOR	A. STATE B. COUN		nstitution: residence before admission)		
HOSPITAL OF	ADDRESS OR LOC	MAN AND MAN	N EVETTEE	Maryland		1210		
HOSPITAL OR	Provident	Hospital	Complex/24/	CCITY OR TOWN Baltimore	D. INS	YES A NO		
20	2600 Liber	rty Hgts.		E. STREET AND NUMBER		TES A NO L		
07	Baltimore	, Md.		3501 Berwyn A	lve			
5. SEX	6. RACE White	7- MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	Months Days Hours Min.		
Male	No grade	WIDOWED	DIVORCED _	01=01=02	<b>369</b> 67			
	of working life, even If refired)		USINESS OR INDUSTRY	11. BIRTHPLACE (State or fore	ign country!	12. CITIZEN OF WHAT COUNTRY?		
_Unemp	loved Steamf	itter		Ireland		-Irland		
13. FATHER'S NA	AME			14 MOTHER'S MAIDEN NA	ME			
15. Was Decess	ed Ever in U. S. Armed Formal Ut yes, give war or do	orces?	6. SOCIAL SECURITY NO.	17. INFORMANT	ibiah 101 C	ADDRESS		
Yes	WW II-U.S.			Mrs. Coles	roran-Tor 2	Whiting St., Alexan- dria, Va. 22304		
18.019	141762	1.1	CAUSE OF DEAT	H O	^	APPROXIMATE INTERVAL		
DISE	ASE OR CONDITION D			(1. 1. 1. 0. V.	1. 7.	than Vari U.S.		
This does	LEADING TO DEATH		(A) MMEDIATE CAL		uning 1	mercinosis appriorin		
heort failure	, asthenia, etc. It mean	s the disease,	DUE 10, OR AS	A CONSEQUENCE OF:	1			
infuty of co	ANTECEDENT CAUSE		PI \	An An	/	1/11/2 10000		
DICEASES			(8) DUE TO, OR AS	A CONSEQUENCE OF:		000000000		
rise to f	OR CONDITIONS, if the above cause (A) NG CONDITION last		(a Plana	isyl = Eller	win. Ma	sine Unknown		
	11			100				
O THER SIGN	IFICANT CONDITIONS COATH BUT NOT RELATED TO	ONTRIBUTING		V				
V DISEASE OR	CONDITION GIVEN IN PA	URT 1 (A).	11011 0000	120A AUTODOMANA	all and the weet Mices	SMONIAS CONTINUES		
OTHER SIGN TO THE DEA DISEASE OR 19A-DATE O	OF OPERATION 19% CO	REORMED	HICH OPERATION	Tava Valoralities of the	IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH?		
U 21A. ACCID	PENT WAS UNDERLYING	218.0	LACE OF INJURY le.g.	n or about 21 C. WHERE DID	(II in Boltime	ore City, give exect location)		
OR CONTRI	BUTING CAUSE OF	home	farm, factory, street, o	flice bidg, INJURY OCCUR				
21D. TIME	(Month) (Doy) (Year	) (Houd 21E, I	NJURY OCCURRED	21F. HOW DID IN	JURY OCCUR?			
(APPROX)		While	At Work					
22. 1 certif	fy that (1) (this hospite				1972 to	2-2/ 1972		
	e) last sow the deceas		2-21	20		inion deoth occurred on the dote		
			(We) (did) (did not)					
	and hour and from the causes stated above. (1) (We) (did) (did not) view the body after death.  23A. SIGNATURE							
A	11116	· lan	1/1/ 6 1/ 1 Dh.	ending Med. Director	Stuff Phys.	2-28-72		
23C. PHYSIC	IANS	10001	DEGREE!	23D. ADDRESS	0 0			
NAME	RORA O.	TANI 1	M.D.	PROVIDENT HO	SPITEL BAY	Time, 14-219		
24A. BURIAL CI	REMATION, 248. DATE	24C.NA	ME of CEMETERY of CR	EMATORY - 240	Bearlan All	(State)		
Burial				THE RESERVE TO THE PARTY OF THE	The second secon	10 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		
During	4536 5 0 5	272 Ne	w Cathedral		Baltimore	TATALLE TOTAL STORY		
25A. DATE REC	D BY HEALTH DEPT.	BAR MEME OF	w Cathedral	APPLICATION OF THE PROPERTY OF	Baltimore MEDICAL	TATALLE TOTAL STORY		
MAR 1 A	3-6	BAR MEME OF	w Cathedral	UNIVERSITY	Baltimore MEDICAL SEDIMOR	Maryland		
25A. DATE REC MAR 1 4 VS 150-REV. 1/	D BY HEALTH DEPT. E	BAR MEME OF		MORTIARY Henry W. Jenki	SERVICE	Maryland		

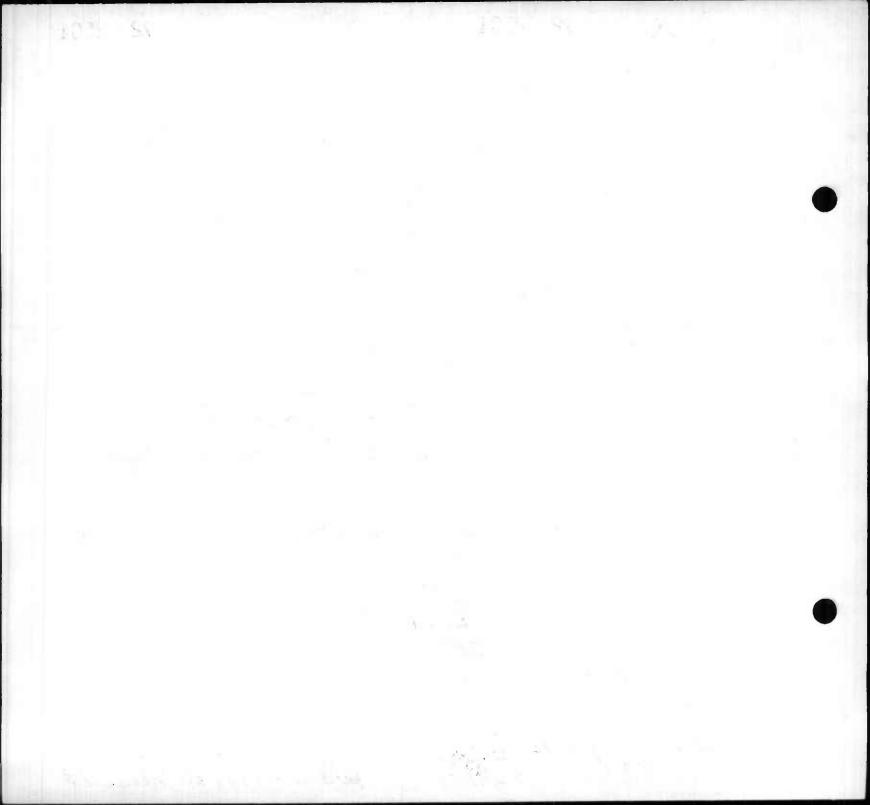
- 1: Letterfrom Henry W. Jenkins, Funeral Directors re place & date of burial.
- 2: 9-15-1972 Correction letter from Funeral Director, Henry W. Jenkins & Sons, Co. Palto., Md. & Enlisted Record and Report of Separation-Honorable Discharge date of separation Aug. 13, 1945, Fort George G. Meade, Md. U.S. Army. Serial No. 33 380 647.

  Certificate of Citizenship No. 2929091, dated May 13, 1929-U.S. District Court for the District of Maryland. HS

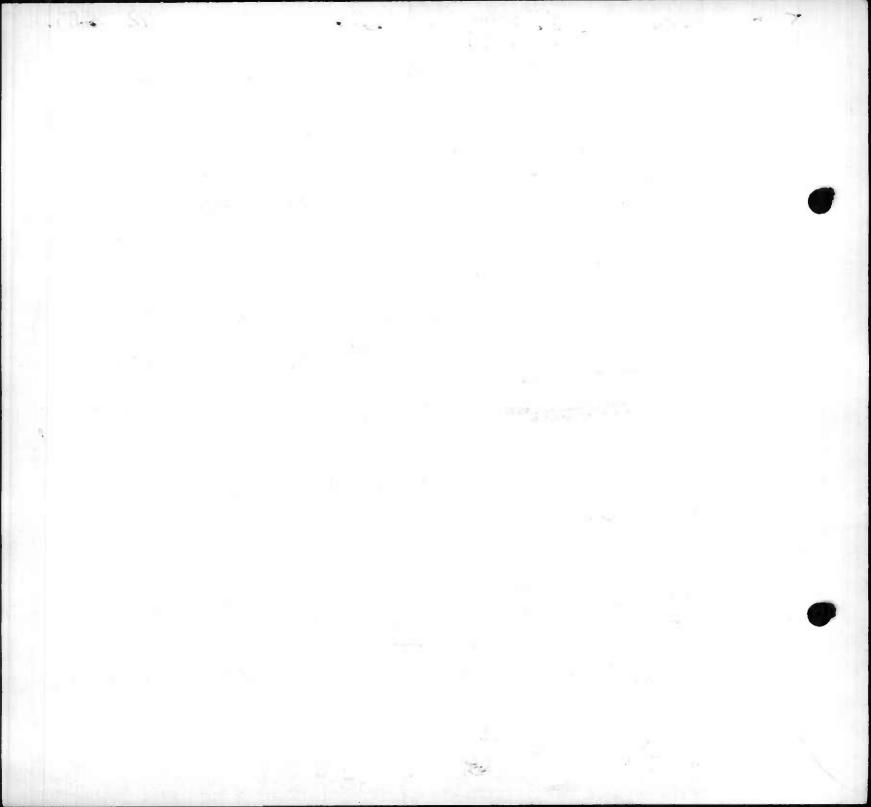
TO COTOG DALIMONE CI	TY HEALTH DEPARTMENT
DIKITI IVO.	ATE OF DEATH REG. NO. 72 02563
1. NAME OF DECEASED	2. DATE AND HOUR OF DEATH
Hellie Mininer	2/03/70 10:10 P.M.
3. PLACE IN BALTIMORE, MARTLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE 8. COUNTY
FULL NAME OF HOSMIAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	Maryland D. INSIDE CITY LIMITS?
139	Baltimore YES X NOT
	E. STREET AND NUMBER
Trovident Hospital, Inc.	3619 Socinadale Ave
5. SEX 6. RACE / MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE In years If Under 1 Yr., If Under 24 Hrs. Months; Days : Hours : Min.
Male Black WIDOWED DIVORCED DI	01-01-01 71
done during most of working life, even if retired)	RY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	Batto Md. 1915H
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
15. Was Decoused Ever in U. S. Armed Forces?   16. SOCIAL	17. INFORMANT ADDRESS
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no ar unknown) (If yes, give wor ar dotes af service)  16. SOCIAL SECURITY NO.	0/01
911-18-9-	154 M. Rocord
18. 2 6 T A 1 CAUSE OF DEA	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY	
LEADING TO DEATH	AUSE Cachener
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	S A CONSEQUENCE OF:
injury as complication which caused death.)	
ANTECEDENT CAUSES	mobiling & sehidate
DISEASES OR CONDITIONS, if any, giving DUE TO, OR	mobility + Sehydratin
DISEASES OR CONDITIONS, if any, giving DUE TO, OR A stating the	AS A CONSEQUENCE OF:
DISEASES OR CONDITIONS, if any, giving DUE TO, OR	Mohnbulin + Sehydratin SA CONSEQUENCE OF: Wenna
DISEASES OR CONDITIONS, if any, giving nise to the above cause (A) stating the UNDERLYING CONDITION last,  (C)	AS A CONSEQUENCE OF:
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL	AS A CONSEQUENCE OF:
DISEASES OR CONDITIONS, if any, giving inse to the above cause (A) stating the UNDERLYING CONDITION tast.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	as a consequence of:
DISEASES OR CONDITIONS, if any, giving nise to the above cause (A) slating the UNDERLYING CONDITION last.  Other significant conditions Contributing To THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A)	AS A CONSEQUENCE OF:
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DISEASES OR CONDITIONS, if any, giving nise to the above cause (A) stating the UNDERLYING CONDITION last.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  179A-DATE OF OPERATION 199B-CONDITION FOR WHICH OPERATION WAS PERFORMED  OF CONTRIBUTING 1 21B PLACE OF INJURY (C. p. or CONTRIBUTION 1 21B PLACE OF INJURY (C. p. or CONTRIBUTION 1 21B PLACE OF INJURY (C. p. or CONTRIBUTION 1 21B PLACE OF INJURY (C. p. or CONTRIBUTION 1 21B PLACE OF INJURY (C. p. or CONTRIBUTION 1 21B PLAC	SA CONSEQUENCE OF:  WENNA   20A-AUTOPSY? (Yes of No)  20B. IF YES, WERE FINDINGS CONSIDERED
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DISEASES OR CONDITIONS, if any, giving fise to the above cause (A) stating the UNDERLYING CONDITION last.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  19A-DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTINO CAUSE OF CONTRIBUTION CAUSE OF CONTRIBUTINO CAUSE OF CONTRIBUTINO CAUSE OF CONTRIBUTINO CAUSE OF CONTRIBUTION CAUSE OF CAUSE OF CONTRIBUTION CAUSE OF CAUSE OF CONTRIBUTION CAUSE OF CA	20A. AUTOPSY? (Yes at No.)  20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?  (If In Bohlimore City, give exact location)  21F. HOW DID INJURY OCCUR?
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DISEASES OR CONDITIONS, if any, giving fise to the above cause (A) stating the UNDERLYING CONDITION last,  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 [A].  170 THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 [A].  171 THE DEATH WAS UNDERLYING OR CONTRIBUTING OR CONTRIBUTING CAUSE OF DEATH (notify medical examines)  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examines)  21D. TIME (Month) (Doy) (Year) (Hour) 21E INJURY OCCURRED While At Not Work At War At Wa	20A-AUTOPSY? IVes at Nol 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFFING CAUSES OF DEATH?  in or about 21C, WHERE DID (If In Bohimore City, give exact location) office bidg., INJURY OCCUR?  21F. HOW DID INJURY OCCUR?  19 to 19 19 19 19 19 19 19 19 19 19 19 19 19
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	R-355 72 0256	70	HEALTH DEPARTMENT	REG. NO.	72 02564		
B	RTH NO.  NAME OF DECEASED	CLKTIFICA	TE OF DEATH				
(1	Type or Print) REDMOND		. 3/1	D HOUR OF DEATH	1 3:00 P		
3	L PLACE IN BALTIMORE, MARYLAND, WHERE FRON	OUNCED DEAD	4. USUAL RESIDENCE (When	e deceased lived. If in	stitution: residence before admission)		
	ULL NAME OF (IF NOT IN HOSPITAL OR INST HOSPITAL OR ADDRESS OR LOCATION)	TITUTION, GIVE STREET	VIRGINIA C. CITY OR TOWN	D INSI	DE CITY LIMITS?		
	MARYLAND GENERAL	1405P.	WEEMS E. STREET AND NUMBER		YES NO.		
5	SEX 6. RACE 17. MARRIE		None				
	M N WIDOWE		6/25/14.	9. AGE (In years lost birthdoy)	If Under 1 Yr. II Under 24 Hrs. Months Doys Hours Min.		
10	A. USUAL OCCUPATION (Give kind of work 10B, KIND one during most of working life, even if retired)	OF BUSINESS OR INDUSTRY	11. BERTHPLACE (Stote or forei	gn country)	12. CITIZEN OF WHAT COUNTRY		
		HANT MARINS	VIRGINIA		U.S.A.		
- 11	JEREMIAH REDMOND		14. MOTHER'S MAIDEN NAM		.1-		
1.1			MARY ELIZ	H12514	MEUSE		
(Y	. Was Deceased Ever in U. S. Armed Forces? es,no or unknown) (If yes, give wer or dotes of service)	16. SOCIAL SECURITY NO. 229-24-5464	M. H KELEN	TEW, MI)	ADDRESS		
	18. 410.91	CAUSE OF DEATH			APPROXIMATE INTERVAL		
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		Myocarden	mencli	BETWEEN ONSET AND DEATH		
	This does not mean the mode of dying an	(A) IMMEDIATE CAU	SE /	V	Zhas.		
	heort failure, asthenia, etc. If means the disease injury at camplication which caused death.)	e, DUE TO, OR AS A	CONSEQUENCE OF:				
	ANTECEDENT CAUSES	Com	A-6, 1	Difesa	4415		
	DISEASES OR CONDITIONS, if ony, giving DUE TO, OR AS A CONSEQUENCE OF						
	rise to the obove couse (A) stoling the	e					
	II	(c)	******************************	***************************************			
ATION	TO THE DEATH BUT NOT RELATED TO THE TERMINAL	************************	***************************************	***************************************			
CERTIFICA	19A-DATE OF OPERATION 19R CONDITION FOR WAS PERFORMED	WHICH OPERATION	20A. AUTOPSY? (Yos or No)	208, IF YES, WERE FI	INDINGS CONSIDERED ISES OF DEATH?		
CAL C	OB CONTRIBUTION OF	B. PLACE OF INJURY (o.g., in ome, form, foctory, stroot, offical	or obout 21C. WHERE DID co bldg., INJURY OCCUR?	(If In Bollimore	City, give exect locotion)		
100	21 D. TIME (Month) (Doy) (Year) (Hour) 21	E. INJURY OCCURRED	21F. HOW DID INJU	RY OCCUR?			
1	(APPROX.)	/hile At Not While					
	22. I certify that (i) this hospital) attended		10/25 19	70 - 3	10 10 72		
	that (i) (we) last saw the deceased alive an	1/20		7.0 to 3/	an death accurred an the date		
	and haur and from the causes stated above.	(I) (We) (did) (did na)) vi		, , , , , , , , , , , , , , , , , , , ,	account on the data		
23An SIGNATURE 23B DATE SIGNED							
	MIT Release	M. Degree Phys.	ding Med. S	haff	3/11/22		
1	23C-PHYSICIAM'S NAME (Type)		D. ADDRESS USPIES	HOSE	PACT		
24	MICHAEL H. KELL	EMEN Mil)	me	e '	)		
24/	A. BURIAL CREMATION, 248. DATE 24C.N	AME of CEMETERY OF CREA	MATORY 24D. LOC	CATION (City,	, town for county) (Stote)		
	Sunal 3/13/72	) Caron B	-c W	emms 1	1/a-		
25/		OF REGISTRAR	25C FUNERAL DIRECTOR	0:17	ADDRESS A		
VS	MAR 1 4 1972 Paber E Jaiber	, 160	Belson -	348 N.	alhonde		



1	1-510	2 0256		HEALTH DEPARTMENT		72 02565.
1,1	TH NO.	( ) <u>200</u>	3 321(11.16)		AND HOUR OF DEATH	
	LAMB,	Richar	d K.			72   14/5 M.
3.	PLACE IN BALTIMORE, MARYLAND, V	VHERE PRONOU	NCED DEAD	4. USUAL RESIDENCE (V	here deceased lived, II	institution: residence before admission)
[] H	LL NAME OF (IF NOT IN HOSPIT SPITAL OR ADDRESS OR LOC	TAL OR INSTITU	TION, GIVE STREET	C. CITY OR TOWN	/ /	301 2/2/7 SIDE CITY LIMITS?
4	& MANYLON & GENT	EM//	Hospital	BATIMO E. STREET AND NUMBER 814 BAGO	1	YES NO
5.	EX   6. RACE	7. MADDIED &	NEVER MARRIED	814 Brace	9. AGE (In yours	1 12 14 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
104	MALE NEGRO	WIDOWED	DIVORCED	14 Mar 78	last birthdoyl	If Under 1 Yr. If Under 24 His. Months Doys Hours Min.
don	USUAL OCCUPATION (Give kind of world of world during most of working life, even if retired)	FIRE KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stole or I	oreign country)	12. CITIZEN OF WHAT COUNTRY?
12				N. CAro	INA	U.S.A.
13.	FATHER'S NAME	,	/	14. MOTHER'S MAIDEN N	AME	
	HAMES	LAM	5			
15. (Ye:	Nos Deceased Ever in U.S. Armed For , no or unknown) (If yes, give wor or dote	ces?	6. SOCIAL SECURITY NO.	17. INFORMANT	1	ADDRESS
	NO		214-01-0749	Parie La	mh	Same
	18. 880 K		CAUSE OF DEATH		N D	APPROXIMATE INTERVAL
	DISEASE OR CONDITION DI	RECTLY	Carl	1: tracti	re o), neck	BETWEEN ONSET AND DEATH
	CERTIFICATION TO DEATH	duing on	(A) IMMEDIATE CAU	SE SE	- Stake	-adam syadrono.
	heart failule, as thema, as it means	dwing, e.g.,	DUE TO, OR AS	CONSEQUENCE OF:		
	DISEASES OR CONDITIONS,	ED C	(B)	A CONSEQUENCE OF:		
	nse to the above cause (A)	stating the	DUE 10, OR AS	A CONSEQUENCE OF:		
	UNDERLYING CONDITION last.		(c)		***************************************	
NTION	OTHER SIGNIFICANT CONDITIONS CO. TO THE DEATH BUT NOT RELATED TO T	HE TERMINAL	I.	ate discharge	0 4 6 8	
CERTIFICATION	DISEASE OR CONDITION GIVEN IN PAR 19A DATE OF OPERATION 19B. CON WAS PERI	DITION FOR WI	HICH OPERATION	20A. AUTOPSY? (Yes or	No. 208, IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED
11	21A ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH Inotily medical examines	21 B, P home, eic.)	LACE OF INJURY (e.g., in form, fociory, street, off	or about 21C. WHERE DID		re City, give exect location)
MEDICAL	21D-TIME (Month) (Doy) (Yeori	(Hour) 21 E	NJURY OCCURRED	8/4 Brook	KS hane	
\$	OF INJURY (APPROXI) MAN (6 5)	White		KI E.		7
	4 / 1				down Sla	
13 1	22. I certify that (11) (this hospital		,		19 22 to	11 max 19 12
11 1	that (we) lost sow the decease			19	that in (my) (our) opi	nion death occurred on the date
	and hour ond from the causes stat	ed abave. (1)	(414 not) vi	ew the body ofter death	le .	
	DIM Co	100	Atten	ding - Med	Shill the	23B, DATE SIGNED
	23C. PHYSICIAN'S	Des /2	MU DEGREE Phys.	Director L	Staff Phys.	11 mas 72
	PHYSICIAN'S NAME (Type)	1		3D. ADDRESS		
24A	BURIAL CREMATION, 248. DATE	24C, NAN	AE of CEMETERY of CRES	MATORY 24D.	LOCATION (C	ty, town, or county) (State)
,	Buein/ 3-15-7	2 4	EBUTUS M.	Em. Px.	BALTO.	ond.
25A	DATE REC'D BY HEALTH DEPT.	258 NAME OF		25C. FUNERAL DIRECTO	W. BRILLE	ADDRESS
	MAR 14 1972 Oches	E. Falle.	ALL	KELSON F.	4. 1348 C	ACHOUN ST.
VS	50-REV. 1/1/68	5 0	The second second			



	1	1	HOLE (*)		BALTIMORE CITY	HEALTH DEPARTMENT		70 00F	00
	1	-626	72	2 0256	6 CERTIFICA	TE OF DEATH	REG. NO	72 025	66
		TH NO.	ASED		2-	2. DATE	AND HOUR OF DEATH		
	(Тур	e or Print)	PARI	KER. OL	IVIA FLOREN	ICE MA	RCH 9. 197	2   10:	30 A . M.
Ч	3, 1	PLACE IN BALT	IMORE, MARTLAND, V			4. USUAL RESIDENCE	Where deceased lived. If i		fore admission)
1		LL NAME OF	UF NOT IN HOSPIT	AL OR INSTITU	ITION, GIVE STREET	MARYLAND		20	06
-		SPITAL OR	CATE	THE R. LEWIS CO., LANS.	IDFD-	C. CITY OR TOWN		SIDE CITY LIMITS?	
-		LIIFI		HOSPITA	3/14/12	BALT MORE		YES NO	<u>'                                    </u>
		TO	31 AGNL 3	TUSITIA	- //.			REET	21229
	5. 5	EX	6. RACE	7- MARRIED	NEVER MARRIED	8. DATE OF BIRTH 1915	ilost histhdov)	I( Under 1 Yr. II Months Days Ho	Under 24 Hise
		EMALE	NEGRO	WIDOWED [		02/29/	51		
	done	. USUAL OCCU	PATION (Give kind of working life, even if refired)	108, KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote of	foreign country)	12. CITIZEN OF WH	IAT COUNTRY?
						MARYLAND		USA	
	13.	FATHER'S NAM	ATERS, HARI	RY		JOHNSON,			
							L. F L. L. L.		
	(Yes	was Deceased Line of unknown)	lif yes, give war or date	ss of service)	SECURITY NO.	ST ACMES HE	ON AVES. BAI	LTO MODRESS ORDS WILK	
		no			CAUSE OF DEAT	Harry Par	ker 3315	S Ellamor	
		B. 4/2	E OF CONDITION D	SECTI V	CAUSE OF DEAT	1.1. 1.1/11	11/1/11/11		SET AND DEATH
			LEADING TO DEATH		(A) IMMEDIATE CAL	ion Left M	lade Crew	el Cerlosi -	
		heart failure, c	at mean the mode of eathenia, etc. It means	the disease,	DUE TO, OR AS	A CONSEQUENCE OF:			***************************************
			plication which caused		200	111 - Hoin	Totalian	E # 198	
			INTECEDENT CAUSES		(B) 7/ 50 CP AS	A CONSEQUENCE OF:	cueusun -		
		rise to the	R CONDITIONS, if above cause (A)		, OK 23	A CONSEQUENCE OF:			
		UNDERLYING	CONDITION last.		(c)				
	N	OTHER SIGNIFI	CANT CONDITIONS CO	NTRIBUTING	b	over Pu	musis		
	ATI	TO THE DEATH	H BUT NOT RELATED TO TO TONDITION GIVEN IN PAI	THE TERMINAL	My . C	ewer w	200000000000000000000000000000000000000	7	
			OPERATION 198 CON	IDITION FOR W	VHICH OPERATION	20A AUTOPSY? (Yes o	IN CERTIFYING CA	FINDINGS CONSIDER AUSES OF DEATH?	RED
	CER	21A. A CCIDEN	IT WAS UNDERLYING TING CAUSE OF	21 B.	PLACE OF INJURY In Sui	YES	D (if in Beltime	ore City, give exact local	tion)
	CAL	OR CONTRIBUTE	TING CAUSE OF modical examined	home	e, form, factory, street, o	Mice bidg. INJURY OCCU	id.		
	ō	21D. TIME OF INJURY	(Month) (Day) (Year)	[Houd 21 E	INJURY OCCURRED		INJURY OCCUR		
	×	[APPROX.]		Whil	le At D Not While	• 🗆			
1		22. I certify	that (1) (this hospita	I) attended th		BRUARY 22	19 72 to MAR		1972
		that XI) (we)	last sow the decease	ed olive on	MARCH 9,	19 <u>72</u> and	d that In (My) (our) op	inian deoth occurre	d on the date
		and have and	from the causes sta	ted abave.	(We) (did) (drd/n)(t)	riew the body after dea	th.		
		23A. SIGNATU	RE /	111	011/1			238 DATE SIGNED	
			DU	01-	DESARE Phy		Stoff Phys.		
		23C. PHYSICIA NAME (T)	A2)	DD 0 14				D. 21229	CON AVEC
L			S. SAN PE	DRO, M.	DEGREE		SPITAL, WIL	City, town, or county)	(Stole)
1	11-7/	DEAL COLL 15	THE PARTY OF THE P	270.00	THE AL MENTERPET OF OR	241	No modeling	with to mid of coomily)	(2:016)

Cemetery Balto Pascrunifal Director V. Helson F.H.

Bailey 1348 Calhoun

Street

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

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RECTO BY HEALTH DEPT.
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VS 150-REV. 1/1/68

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Western Star

3/11/72 - Correction form from funeral director.

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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) M. 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD USUAL RESIDENCE (Where deceased lived, Il institution; residence before admission) A. STATE COUNTY HE NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOGATION FULL NAME OF HOSPITAL OR INSTITUTION C. CITY OF TOWN ORE D. INSIDE CITY, LIMITS? YES NO E. STREET AND NUMBER & DATE OF BIRTH 5. SEX 6. RACE 9. AGE (In years If Under 24 Hrs. Hours : Min. MARRIED NEVER MARRIED Doys Hours last birthder EMALE EGRO WIDOWED DIVORCED 10A. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12, CITIZEN OF WHAT COUNTRY? done during most of working life, even if refired) MRS 3 13. PATHER'S NAME 4. MOTHER'S MAIDEN NAME ANNIE SAM RICE 15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dotes of service) 7. INFORMANT SOCIAL SECURITY NO. 0 CAUSE OF DEATH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. II means the disease, injury or complication which caused death.) DUE TO, OR AS A CONSEQUENCE OF: ANTECEDENT CAUSES DUE TO, OR AS A CONSEQUENCE OF: DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION lost CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A-DATE OF OPERATION 19B CONDITION FOR WHICH OPERATION WAS PERFORMED 20A. AUTOPSYR (Yes or No.) 208, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 218 PLACE OF INJURY (e.g., in or oboul 210 WHERE DID home, larm, foctory, street, office bidg. (NJURY OCCUR? 21 A. A CCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (if in Boltimore City, give exoci location) MEDICAL DEATH inotify medical examined (Month) (Doy) (Year) (Houd 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY Not While While At (APPROX.) At Work Work 22. Acertify that (1) (this hospital) attended the deceased from and that in (my) (aur) apinian death accurred an the date that (i))(we) last saw the deceased alive and and hour and from the causes stated above( (1) {We} ((did))(did nat) view the bady after death. 23A. SIGNATUR 238 DATE SIGNED Attending Med. Director Phys. 23C. PHYSICIAMS 23D. ADDRESS NAME (Type) DEGREE 24A. BURIAL CREMATION, 24B. DATE 24C NAME OF CEMETERY OF CREMATORY (State) 24D. LOCATION or county REMOVAL (Specily) 25B, NAME OF/REGISTRAR STREET DIRECTOR 25A. DATE REC'D BY HEALTH DEPT.

JOHN ESTIC 243-01-4754 SANSY WHITE 1742 E SOTE ST

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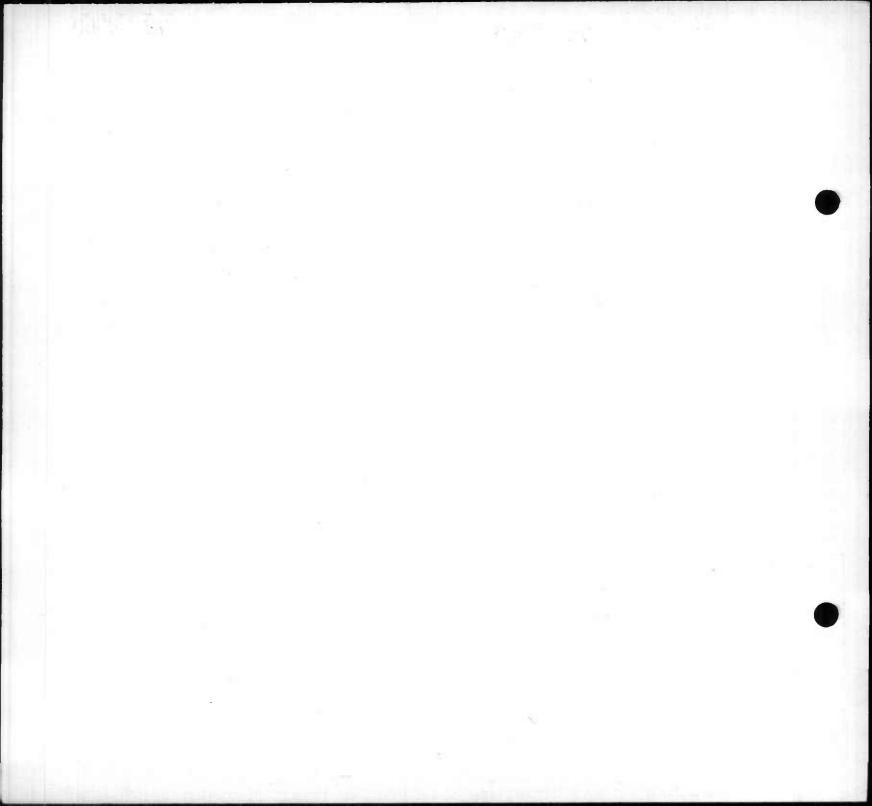
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6.	SEX	7. RACE	8. MARRIED	NEVER MARRIED	C. CITY OR TOWN	D. INSIDE CIT	Y LIMITS?
	female	White	WIDOWED	DIVORCED	Balto.	YES	NO 🗆
9. 1	DATE OF BIRTH	H 10. AGE (In lost birthdo	yeors If Unc	er 1 Yr. If Under 24 Hrs.	E. STREET AND NUMBER		
V	19n 12	-1890 83			1241 W. Ba	lto. St.	
11.	BIRTHPL ACE (S	tote or foreign country)		TIZEN OF HAT COUNTRY	13. FATHER'S NAME	V1-	
1	nAHZY	LAND		V13.17.	JOSEPH	FLEIN	
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1	HOUSEV	VITE			CLARA	SCHATUL	<b>D</b>
16. (Ye		ED EVER IN U.S. ARMED		7. SOCIAL SECURITY NO.	18. INFORMANT	AD	DRESS
`	NU			217222101	CHHS. GRI	FFIN	SIME
	19.4/2	.41		CAUSE OF DEA	тн		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	DISEASI	E OR CONDITION DIRE	CTLY	Arterio	sclerotic cardiova	scular disea	se
		LEADING TO DEATH	. 10	(A) IMMEDIATE C	CAUSE		
	heort foilure,	ot mean the mode of dy , osthenio, etc. It means the	diseose,	DUE TO, OR	AS A CONSEQUENCE OF:		
	injury or com	nplication which coused de	oth.)				
		NTECEDENT CAUSES		(B)			
	RISE TO THE	OR CONDITIONS, IF ANY E ABOVE CAUSE (A) STA	Y, GIVING TING THE	DUE TO, OR	AS A CONSEQUENCE OF:		
z	UNDERLYIN	NG CONDITION LAST.		(c)			
CERTIFICATION		II					
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TE		CONDITION GIVEN IN P		(IIICII ODEDATIONI W	AC DEDEADATED		Tot AllZODGVO (Voc or No)
CER	ZVA. DATE OF	OPERATION 20B. COI	NDITION FOR Y	HICH OPERATION W	AS PERFORMED		21. AUTOPSY? (Yes or No)
	22A. EXTER	NAL CAUSE WAS	228 01	ACE OF INITIDATE	in or obout 22C, WHERE DID (If	- Paletana Cita aireana	no
MEDICAL		OR CONTRIB-	home,	form, foctory, street, offic	te bldg., etc.) INJURY OCCUR?	in politimore City, give exoc	riocanon)
ME		USE OF DEATH. (Month) (Doy) (Year	r) (Hour) 22	INJURY OCCURRED	22F. HOW DID INJU	PV OCCUP?	
	OF INJURY	(Monin) (Doy) (Teal	W	ILE AT NOT	WHILE	KI OCCOKI	
	23.		m, Wo	ORK L AT W	VORK		
		ify that I held an I	ngulry 🗌	Inspection XX Au	tapsy and that on this	s basis, death In my o	plnian
	result	ted fram: Natural cau	sex Ac	cident Suicid	de Homicide Ur	determined manner	
		-1	- //	1	CHIEF MEDICAL EXA	AMINER -	DATE CLONIED
	SIGNATI	V / //	. //11	VILLE M.D	ASSISTANT MEDICAL EXA	AMINERXXX	DATE SIGNED
	EXAMINI		ipkovic		ASSOCIATE MEDICAL EXA	AMINER	3/10/72
	NAME (T	ype)					
	A. BURIAL CREA MOVAL (Specif		240	NAME of CEMETERY	or CREMATORY 24D. LC	CATION (City, town,	or county) (State)
1	BURIT	74 3-13	3-146	-ORRAINE	MARK WE	DUANN	mp.
25	A. DATE REC'D	BY HEALTH DEPT.	25B. NAME C	OF REGISTRAR	25C. FUNERAL DIRECTOR		DDRESS OUT
	MAR 14	1972 Recei	Saber,	ALD. O	1 COEO 16- 50	HWAB 2101	FRED. AVE.
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was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance an the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased

		7-200 72 02569		HEALTH DEPARTMENT		72 02569			
	(Тур	AME OF DECEASED B OF Print)  MACK, WILLIE		2. DATE	AND HOUR OF DEATH	1 5:30 pm			
	3. P	LACE IN BALTIMORE, MARYLAND, WHERE PRONO	UNCED DEAD	4. USUAL RESIDENCE IV	here deceased lived. If in-	stitution: residence before admission			
	HOS	L NAME OF (IF NOT IN HOSPITAL OR INSTITUTION ADDRESS OR LOCATION)	UTION, GIVE STREET	MARYLAN C. CITY OR TOWN	D. INSIE	DE CITY LIMITS?			
	t	BON SECOURS HOSPI	TAL	BALTIMOR E. STREET AND NUMBER		YES NO [			
	5. SE	X 6. RACE 7. MAPPIED	NEVER MARRIED	1633 W.	P. AGE (In years				
		MALE BLACK WIDOWED	DIVORCED	4/10/92	tast birthdayl	Months Days Haurs Min.			
	dane	USUAL OCCUPATION (Give kind of work 108, KIND OF during most of working life, even if retired)  Laborer	BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or fo		12. CITIZEN OF WHAT COUNTRY?			
	13. F	ATHER'S NAME		SOUTH CA	RULINA USA	USA			
		JAMES MACK			ie Robinson				
	ye	os Deceosed Ever in U. S. Armed Forces? on or unknown) (If yes, give wor or dojes of service) 3-3-53, 3-29-55	16. SOCIAL 247-34-6346	Mrs. Louise S	tepp 522 W. H	offman St. 21201			
		DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		MONIA		SETWEEN ONSET AND DEATH			
	1.0	IThis does not mean the made of dying, e.g., heart failure, asthenia, etc. II means the disease, injury ar camplication which caused death.)  (A) IMMEDIATE CAUSE  DUE 10, OR AS A CONSEQUENCE OF:							
		ANTECEDENT CAUSES	(B)						
	ri	DISEASES OR CONDITIONS, if any, giving ise to the obave cause IA) stating the UNDERLYING CONDITION last,	DUE TO, OR AS	A CONSEQUENCE OF:		***************************************			
	_	11	011001110	A 1					
H	A P	THER SIGNIFICANT CONDITIONS CONTRIBUTING O THE DEATH BUT NOT RELATED TO THE TERMINAL ISEASE OR CONDITION GIVEN IN PART 1 (A).		ALCOHOL		YEARS			
	2	A DATE OF OPERATION 198 CONDITION FOR W	HICH OPERATION	20 A. AUTOPSY? (Yes or I	10 CERTIFYING CAUS	NDINGS CONSIDERED SES OF DEATH?			
	O D	A. ACCIDENT WAS UNDERLYING 21B. R CONTRIBUTING CAUSE OF home etc.)	, torm, toctory, street, offi	or about 21 C. WHERE DID ce bldg., INJURY OCCUR?	(If in Boltimore	City, give exoct location)			
	30		e At Not White	21F. HOW DID IN	JURY OCCUR?				
	22	2. I certify that (1) (this hospital) attended the	e deceased fram	March 10	19 7.7 to M	arch 11 1972			
		at (1) (we) last saw the deceased alive an	March 11	19 <u>72</u> and t	hat in (my) (our) apinio	an death accurred on the date			
	23	nd haur and from the causes stated above. (1) A. SIGNATURE	(We) (did nat) vi	w the bady after death.					
		Maline mercie	Alten	ding Med.		3B, DATE SIGNED			
	23	C.PHYSICIAN'S NAME (Type)	DEGREE Phys.	D. ADDRESS	Staff Phys.	3-11-12			
	40.8	MALINEE YUNYONGY		BSH					
1	ran	The same supposition of	ME of CEMETERY of CREA		tysburg, Pa.	town, or county) (State)			
1.1	5A. E	AR 1 4 1972 Value of Carlon	-	25C. FUNERAL DIRECTO	1735 Harford Jones, Jr.	Ave. Appress			
V	\$ 150	D-REV. 1/1/68	-		Jones, JI.				



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B36372 02570 BALTIMORE CITY HEALTH DEPARTMENT pital and of death Deceased REG. NO CERTIFICATE OF DEATH the Such BIRTH NO. I. NAME OF DECEASED DATE AND HOUR OF DEATH (Type or Print) AHADOURIS E O hospital death. 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived, If institution: residence ance (2) cause FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) use; 0 attend C. CITY OR TOWN ٥ D. INSIDE CITY LIMITS? = contributing prior 000 E. STREET AND NUMBER occurred Eastern 21224 Undetermined Ave. Baltimore Md. gular made 5. SEX 6. RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH deceased 9. AGE Un veors lost birthdoy Caucasion WIDOWED DIVORCED 10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country disposition done during most of 2 working life, even if retired) 0 tec SID 13. FATHER'S NAME the the direct 14. MOTHER'S MAIDEN NAME 4 3 15. Was Deceosed Ever in U. S. Armod Forces assistant death uo kind; 6. SOCIAL 17. INFORMANT final (Yes, no or unknown! (If yes, give wer or dotes of SECURITY NO. 4940 Eastern Ave. attendance BCH Records: Baltimore, Md. any pronounced 18. CAUSE OF DEATH OF Aiso, DISEASE OR CONDITION DIRECTLY embalmed A fracture of LEADING TO DEATH (A) IMMEDIATE CAUSE (This does not mean the mode of dying, e.g., DUE TO, OR AS A CONSEQUENCE heart failure, asthenia, etc. It means the disease, regular injury or complication which caused death.) ANTECEDENT CAUSES who (B)\_\_\_\_\_\_DUE TO, OR AS A CONSEQUENCE OF: are DISEASES OR CONDITIONS, if any, giving 3 rise to the above cause (Al stating the the physician UNDERLYING CONDITION last remains Was medical burns; 11

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TO THE DEATH DISEASE OR CONDITIO.

19A. DATE OF OPERATION

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19A. ACCIDENT WAS UNDERLYINO OR CONTRIBUTING CAUSE OF DEATH (notify medical examines)

(Monthl (Doy) (Yee OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 1198 CONDITION FOR WHICH OPERATION

WAS PERFORMED

IN CERTIFYING CAUSES OF DEATH? 218. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR?

(If In Boltimore City, give exact facation)

20A. AUTOPSY? (Yes or No.) 208. IF YES, WERE FINDINGS CONSIDERED

YES K

If Under 1 Yr. Months: Doys

Yr.

ADDRESS

21224

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

NO

Hours

12. CITIZEN OF WHAT COUNTRY?

If Under 24 Hrs.

(Hour)

21 E INJURY OCCURRED While At

21F. HOW DID INJURY OCCUR?

Work 22. I certify that (Athle hospital) attended the deceased from that (W) (we) last saw the deceased alive on\_

Not While At Work

and that in (aur) apinian death occurred on the date

and haur and from the causes stated above. (2) (We) (dtd) (discourt) view the body after death. 23A. SIGNATURE

23C. PHYSICIAN'S NAME (Type)

Attending Phys.

Med. Director

23 B. DATE SIGNED

24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specifyl

DEGREE 24C. NAME of CEMETERY OF CREMATORY

24D. LOCATION

(City, Hown, or county)

(Stole)

breck. 258 NAME OF REGISTRA Thodox

VS-150-REV. 1/1/68-

written approval deceased Was

23D. ADDRESS

4940 Eastern

ADDRESS

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E & C O B B   2	FUNERAL DIRECTOR: IMPORTANT	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and of the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.	B B T. (1) (1) (2) (3) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4
		trificate must y was releas (1) An accide O.A. at a hos ed prior to d	2

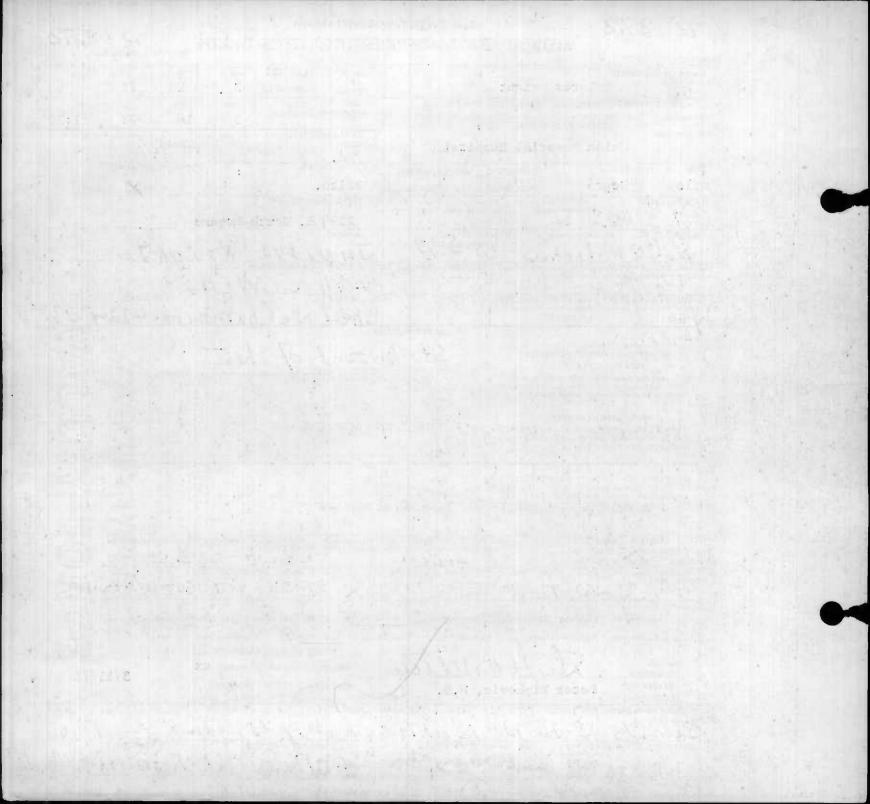
			BALTIMORE CITY	HEALTH DEPARTM	ENT	יים מסביים
	2 (2571		CERTIFICA	TE OF DEA	TH REG. NO.	72 02571
BIRTH NO.	EASED				ATE AND HOUR OF DEA	ATH
Type or Print)	Anna Kmoc	h			3_0 72	5:00 A N
3. PLACE IN BALT	IMORE MARYLAND, W	HERE PRONO	INCED DEAD	4. USUAL RESIDENCE	E (Where deceased lived.	If institution: residence before admission
FULL NAME OF	HE NOT IN HOSPIT	AL OR INSTITU	JTION, GIVE STREET	Maryland		101
HOSPITAL OR	ADDRESS OR LOCA	ATION)	short, orve singer	C. CITY OR TOWN	D.	INSIDE CITY LIMITS?
				Baltimer		YES 🗶 NO 🗌
				E. STREET AND NU		
W /		Hospital			Robinson St	
. SEX	6. RACE	7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years tost birthdoy)	Months Doys Hours Min.
Female	White	WIDOWED		10-22-92		
	vorking life, even if retired)		BUSINESS OR INDUSTRY			12. CITIZEN OF WHAT COUNTRY
Cleanin	g	Maint	cenance	Czeckosl	ovakia	Czeckoslovakia
3. FATHER'S NAM				14. MOTHER'S MAIL	DEN NAME	
John Do	bes			Unknown		
5. Was Deceased	Ever in U. S. Armed For	ces?	1 6. SOCIAL	17. INFORMANT	Man a shaha	ADDRESS
	yes, give wor or dote	s or service)	SECURITY NO.		m Trachta	Baltiman 113
No 18.////	77 .		213-30-7545 CAUSE OF DEAT		recomac St	., Baltimore, Md.
OTHER SIGNIF TO THE DEAT DISEASE OR C	a bave cause (A) CONDITION last.  II CANT CONDITIONS CO H BUT NOT RELATED TO T ONDITION GIVEN IN PAR OPERATION 1198. CON	NTRIBUTING HE TERMINAL RT 1 (A).	(C)	[20 A. ALITOPSY2 (Y.	es or Noll 208. IF YES W	FRE FINDINGS CONSIDERED
	WAS PER		MIGH G. EKAHON	70,01311	IN CERTIFYING	ERE FINDINGS CONSIDERED CAUSES OF DEATH?
OR CONTRIBUTED TO THE CONTRIBUTE	IT WAS UNDERLYING TING CAUSE OF	218. hom	PLACE OF INJURY (e.g., ie, farm, factory, street, o	n or about 21C. WHERE ffice bldg., INJURY OC	E DID (If in Bolt	timore City, give exact location)
21D. TIME OF INJURY	(Month) (Doy) (Year)	(Hour) 21 E.	INJURY OCCURRED	21 F. HOW	DID INJURY OCCUR?	
OF INJURY			ile At Not Whil	e		
	.1 . (1) (.1	Wo		Graveh 3	10 77	March Q 1972
	that (I) (this haspital			7-2/	19 I 2 to	
	last saw the decease					apinian death accurred an the da
	_	ted abave.	(We) (did)(did nat)	view the bady after	death.	PART NOVE
23A. SIGNATU	1	\	MD AN	ending Med.	Staff S	23B. DATE SIGNED
700	annor T.	7000m	Are DEGREE Phy	s. Directo	Phys. L	Tranch JITV
23C. PHYSICIA NAME (T)	(pe)			23D. ADDRESS		
		V	DEGREE			
AA. BURIAL CREA	MATION, 248. DATE	24C. N	AME of CEMETERY or CR	EMATORY	24D. LOCATION	(City, town, or county) (State)
Burial	3-13-7	2 St.	Stanislaus	Cemetery	Baltimore	, Md.
SA. DATE REC'D	BY HEALTH DEPT.	258. NAME-	F REGISTRAR	25C. FUNERAL D	100000	ADDRES
MAR	14 1972	P 3 8	auber MD.	3021 Eas	stern Ave.,	Wealtimore, Md.
/S 150-REV. 1/1/6	· B					

		40	
~	1	OFMO	
72	1	2572	
1		6.116	

BALTIMORE CITY HEALTH DEPARTMENT

DALIMORE CITT HEALTH DELAKTMENT		
MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.	72	0257

BIRTH NO.		0.		REG. NO.			
1. NAME OF DECEASED	2. DATE	Known XX	Month	Doy	Yeor	Hour	
(Type or Print) Lores Wright	OF DEATH	Estimoted 🔲	3	10	72		M.
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE		Month	Doy	Yeor	Hour '	141.
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	PRONOUN	CED DEAD	3	10	72	11:30	n.
HOSPITAL ADDRESS OR LOCATION)	5. USUAL RESI	DENCE (Where					PM.
Union Memorial Hospital	A. STATE			B. COUNTY	/	7 1	-
	Md.					20-	2
6. SEX 7. RACE B. MARRIED NEVER MARRIED	C. CITY OR TO			D. INSIDE C	ITY LIMITS?		
male Negro WIDOWED DIVORCED	Balto.			Y	ES X	NO 🗌	
9. DATE OF BIRTH 10. AGE (In years   # Under 1 Yr. If Under 24 Hrs. Months, Doys, Hours, Min.	E. STREET AND	NUMBER					
Oct. 3. 1923 48	2191	E. North	Asteni	10			
11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF	13. FATHER'S		I II V CIL				_
Wylat-ebuntay	T. 1	1 111 6	W.	: -1	+		
14A USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTR		MAIDEN NAM	AF Y	191			
done during most of working life, even if retired)	1:11	TO THAN	11 . 1	10			
POYTE P	4-111	10	rvel	17			
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, np or unknown)(If yes, give wor or dotes of service)  17. SOCIAL SECURITY NO.	18. INFORMAL	, O	1.	) A	DDRESS	1 20	MA
V.es	Chest	inecl	hami	bers-	422	た.25	1)
CAUSE OF DEA	TH					PROXIMATE INTER	
DISEASE OR CONDITION DIRECTLY Ctah	1.10mm	1 57 0	Post	-		TELL OTTOET ATTO	DCAIII
I FADING TO DEATH	wound	0/0	nesc				
(This does not mean the mode of dying, e.g., DUE TO, OR	AS A CONSEQUE	NCE OF:					
heort loilure, osthenio, etc. It means the disease, injury or complication which coused death.)							
ANTECEDENT CAUSES (B)		****					
DISEASES OR CONDITIONS, IF ANY, GIVING PUE TO, OR RISE TO THE ABOVE CAUSE (A) STATING THE	AS A CONSEQUE	NCE OF:			- 11		
II I INDERIVING CONDITION LAST							
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING							
O THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).							
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  20A. DATE OF OPERATION   20B. CONDITION FOR WHICH OPERATION W	AS PERFORMED				21. AUTO	PSY? (Yes or h	No)
0							-
ZZA. EXTERNAL CAUSE WAS   228. PLACE OF INJURY (e.g.,	in an about 22C	WHERE DID /	If to Delatera	C141	-414:>		
UNDERLYING HOR CONTRIB. home, form, foctory, street, office	e bldg., etc.) INJU	JRY OCCUR?	ir in boinmon	City, give exc	ocriocation)	2 0	11
Q UTING □ CAUSE OF DEATH. Hore		4221		3.00 24		20	
22D. TIME (Month) (Doy) (Yeor) (Hour) 22E. INJURY OCCURRED OF INJURY		HOW DID IN					
(APPROX.) 3 (O 72 11.11 WORK AT AT V	WHILE YORK	THBISED	WITA	BUTCH	her ka	vire	
23.							
I certify that I held an Inquiry Inspection Au	tapsy 🛛 o	and that on th	is basis,	death In my	apinian		
resulted fram: Natural causes 🕡 Accident 🗌 Suicident	de Hami	clde 🗵 (	Jndetermin	ed manner	3		
7	CHI						
ACTUAL  ACTUAL  ACTUAL  ASSISTANT MEDICAL EXAMINER   DATE SIGNED							
3/11/72							
EXAMINER'S Peter Lipkovic, M.D.	ASSOCIA	ATE MEDICALE	XAMINER				
24A. BURIAL CREMATION.   24B. DATE     24C. NAME of CEMETERY	or CREMATORY	24D I	OCATION	(City tow	n, or county	) (Stote)	_
REMOVAL (Specify) 1 2 1/ 71 12 17	1	4 0 1	7 / ~	L (City, 10w)	., 51 (55/11)	100	
Duin 2-16-14 10 A111-Le merery 15 A110.							
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS							
MAR 1 4 1972 Pakers Endarbers M. D. +	o Me	119NO	F 61	ickso	W-110	19NLa	2 oliv
VS 151-REV. 1/1/68 N875,1							

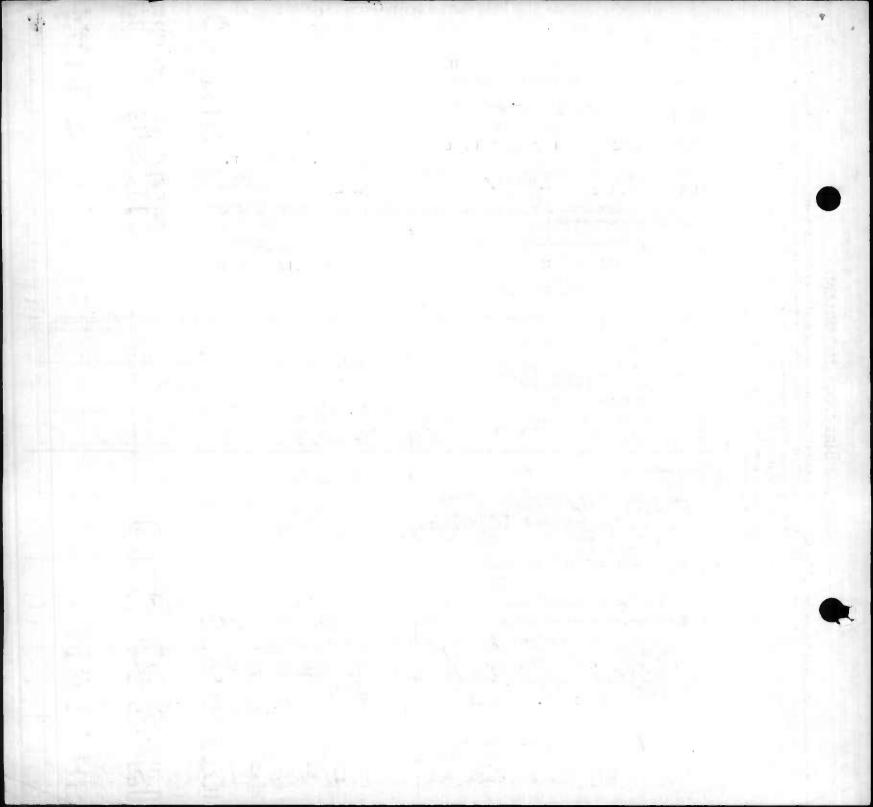


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REG. NO	0. 170	00=70
	IK	(2573

BIRTH N		2573		CERTIFI	CATE O	F DEATH	REG. NO	12 (25)	73
(Type of	TE OF DECEASED or Print)	J	AMES	GREEN		- /	AND HOUR OF DEAT	5000 1	
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD  FULL NAME OF ADDRESS OR LOCATION)  THE JOHNS HOPKINS HOSPITAL  THE JOHNS HOPKINS HOSPITAL  THE JOHNS HOPKINS HOSPITAL  Lace IN BALTIMORE  A. STATE  B. COUNTY  MARYLAND  C. CITY OR TOWN  BALTIMORE  E. STREET AND NUMBER  506 E. 20TH ST.								Institutions resident	90
5. SEX	LE NE	E GRO	7- MARRIEI	NEVER MARRIED DIVORCED	8. DATE	<b>OF BIRTH</b> 5-10	9. AGE (In years last birthday) 61	il Under 1 Ye. Months Days	II Under 24 H Hours Min.
done du	ring most of working I			of Business OR INDU		Md.		12. CITIZEN C	PE WHAT COUNT
13. FAY	HER'S NAME	HN GREEN	N		14. MOT	CECELIA			
15. Wee (Yes, no	Deceased Ever in or unknown! (If yes,	U. S. Anned Fore give war or dates	of service	16 SOCIAL SECURITY NO. 13-09-25	17. INFO		t Smith		5,20 ds
rise UN	SEASES OR CO  to the above  NDERLYING CON  HER SIGNIFICANT (	e cause (A) DITION last.	stating th	(c) (C)	·	ACAGOS			
NA DIS	THE DEATH BUT NEEDS OR CONDITION AND ARE OF OPERA  2/28/72 A. ACCIDENT WAS	TION 19% CONE WAS PERF	DITION FOIL	WHICH OPERATION	20A.	AUTOPSX? (Kee or	IN CERTIFYING	E FINDINGS CON CAUSES OF DEATH	H7
OR DEA	ATH (notify medica	CAUSE OF	(Houd 21	E PLACE OF INJURY ome, form, foctory, street	0	215. HOW DID II			
22.	PPROXU I certify that ( ot (we) last s	aw the decease	) attended d alive on	the deceased from	19	/ / ~	_19to that in (#9) (our) c	3/9 pinian death oc	1972 curred on the d
23A	C. PHYSICIAN'S	NOBLE N	Hay	(M) (Wo) (did) (did)	Attending Phys.	Mod. Director D	Stoff Phys.	23B, DAYE SIG	72
24A. 81 BC 25A. D	URIAL CREMATION EMOVAL (Specify)		72 S 25B. NAMI	T. Georg	CONTENT OF	petery S FUNERAL POIRECT	DE OF Link	City, town, ar cou	NTY M

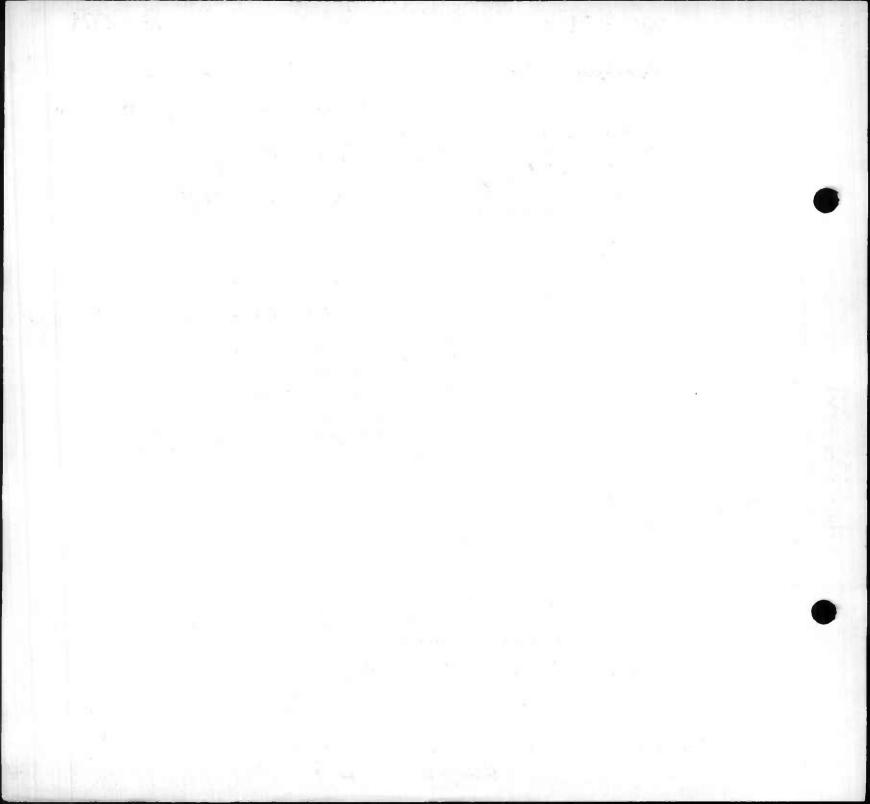
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BALTIMORE	CITY	HEALTH	DEPARTMEN	IT
BALTIMORE	CITY	HEALTH	DEPARTMEN	-

BEG NO	72	0257
REG. NO.		

Dikin Ito,	TE OF DEATH REG. NO.
1. NAME OF DECEMBED (Type or Pant) RIVIDA ENNALS	2. DATE AND HOUR OF DEATH  2. DATE AND HOUR OF DEATH  2. DATE AND HOUR OF DEATH
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. SIMIE B. COUNTY
FULL NAME OF LIF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	Meritand 2710
HOSPITAL OR ACCIDENT	C. CITY OR TOWN D. INSIDE CITY LIMITS?
H12 Part House	E. STREET AND NUMBER
70 1000times 1/4 / 2/2/5	568 Rod No ale
5. SEX 6. RACE N 7. MARRIED NEVER MARRIED	B. SATE OF BIRTH 9. AGE (In years   If Under 1 Yr., If Under 24 His.
VEMALE N WIDOWED DIVORCED	16 20 - 1887 last birthdoy Commonths Doys Hours Min.
IOA. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY?
WAITress	Md. 115A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	Besser Lewis
15. Wos Deceosed Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor ar dotes af service)  16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS
No 2/8-01-09	56 HermAN ENNOls. 558 Radwarden
18. 4 / 2 4   CAUSE OF DEATH	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	Time Heart to have
This does not mean the mode of dving, e.g., (A) MMEDIATE CAU	A CONSEQUENCE OF:
heart failure, asthenia, etc. II means the disease, injury ar camplication which caused death.)	- Ob. Air Radio -
ANTECEDENT CAUSES	moule xixe-e
	A CONSEQUENCE OF:
nise to the above cause (A) sloting the UNDERLYING CONDITION last.	al laxula acident.
O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL	
DISEASE OR CONDITION GIVEN IN PART 1 (A).  194. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION	20A-AUTOPSY? (Yes or No) 20B, IF YES, WERE FINDINGS CONSIDERED
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  1994 DATE OF OPERATION 1995 CONDITION FOR WHICH OPERATION WAS PERFORMED  214 ACCIDENT WAS UNDERLYING!	20A-AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
OP CONTRIBUTING CAUSE OF	n or obout 21 C. WHERE DID (II In Baltimore City, give exect location) injury occur?
DEATH Inotify medical examined etc.)  DEATH Inotify medical examined etc.)  DEATH Inotify medical examined etc.)	21F. HOW DID INJURY OCCUR?
(APPROX.)  While At   Not While At   Work   At Warts	
22. 1 certify that (1) (this hospital) attended the deceased from	18/12 10/12 March 12 10 72
that (I) (we) last saw the deceased alive on All (A)	1972 and that in (my) top opinion death occurred an the date
and hour and from the causes stated above. (1) (We) (did)	
23A, SIGNATURE	238 DATE SIGNED
Phys.	nding Med. Shoff Director Phys. D Mach 12 772
	3D. ADDRESS
LOUIS 1. LAVY MIDS	to sil loger liber between My 15
24A. BURIAL CREMATION, 24B. DATE 24G. NAME of CEMETERY OF CREATERY	MATORY 24D. LOCATION (City, lown, or county) (Stole)
15 Urig S-11-12 John Wesley 4	vilel Meth Porchester County, Md.
MAR 1 4 1972 Ches E. Jaber 12 1	25C, EUNERAL DIRECTOR
VS 150-REV. 1/1/68	1. LILON D. KITCHSON-1174. CALAINE



# FUNERAL DIRECTOR: IMPORTANT

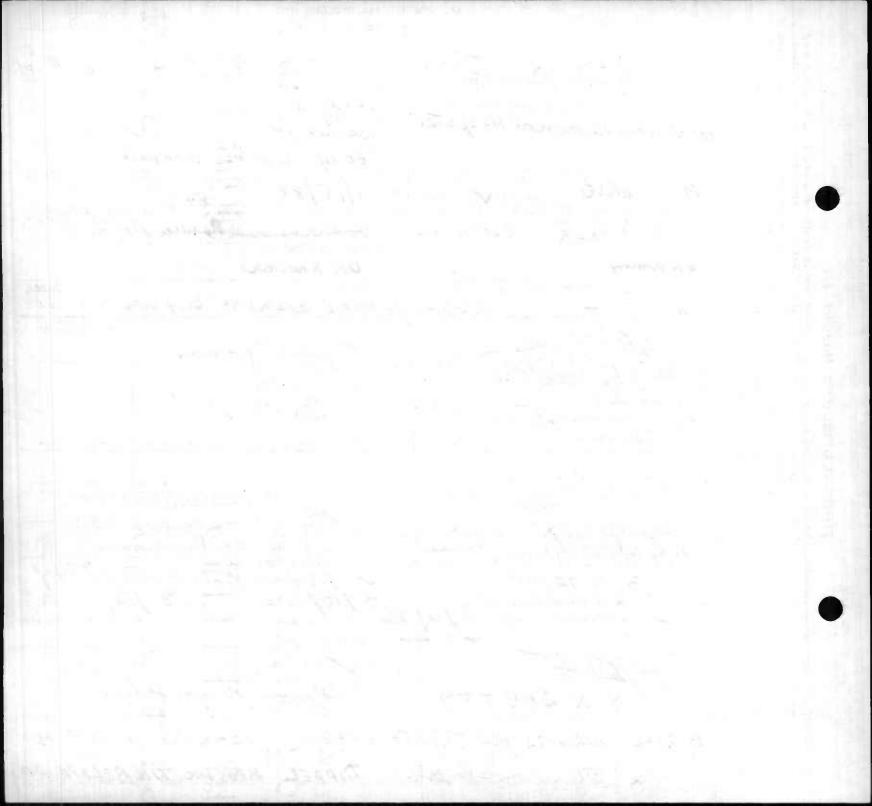
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such

### BALTIMORE CITY HEALTH DEPARTMENT

FRT	FICA	TE	OF	DEA	TH

	REG. NO	72	12575
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BIRTH NO.	2 02575	CERTIFICA	TE OF DEATH REG. NO. 72 2575					
1. NAME OF DEC	MAXINU	IK JOHN	March 12 12/972 6 P					
3. PLACE IN BAL FULL NAME OF HOSPITAL OR INSTITUTION	OF NOT IN HOSPIT ADDRESS OR LOCA	AL OR INSTITUTION, GIVE STREET ATION! Hospital	A. USUAL RESIDENCE TWhere deceased lived. If institutions residence before admissions a state B. COUNTY  Maryland  C. CITY OR TOWN  Balliman D. INSIDE CITY LIMITS?  YES NO  E. STREET AND NUMBER  60/4 Walther are well					
S. SEX	Thate	7- MARRIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH 9. AGE (In years lost birthday) If Under 1 % If Under 24 Hrs Months Days Hours Min,					
done during most of	UPATION (Give kind of work working life, even If refired) red TAILOR	108, KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or loreign country)  12. CITIZEN OF WHAT COUNTRY  WHAT COUNTRY  RUSSIA AHERICA					
13. FATHER'S NA			14 MOTHER'S MAIDEN NAME  UN KNOWN					
5. Was Deceased Yes, no or unknown	Ever in U. S. Armed For ) Uf yes, give war ar date	s of services 16. SOCIAL SECURITY NO.	MARIE ZELINSKY GOLY WALTHER AVE					
dise to the UNDERLYING	or conditions and a dove couse (A) G CONDITION last.  Il FICANT CONDITIONS CO	staling the (C)	S A CONSEQUENCE OF:					
	CONDITION GIVEN IN PAR	T ) (A). DITION FOR WHICH OPERATION	20A AUTOPSY? (Yes of No.) 20B, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?					
OR CONTRIB	(Month) (Day) (Year)	home farm, factory, street of the farm of	21F. HOW DID INJURY OCCUR?					
22. 1 certify	22. I certify that (H) (this hospital) attended the deceased from 3/10/192\square 19 10 3/12/19 to 3/12/19 19 10 19 10 19 10 10 19 10 10 10 10 10 10 10 10 10 10 10 10 10							
23A, SIGNAT	URE HAShelly	DEGREE Phy	ending Med. Stoff 3/12/72					
	MATION, 248, DATE (Specify) AL MARIG-	many the contract of	CEMETERY SLKRIDGE HOWARD ML					
25A. DATE REC'E		258. NAME OF REGISTRAL	DIPPEL BIRDS INC 7110 BELAIR RA					



### BALTIMORE CITY HEALTH DEPARTMENT

72 (2576 MEDICAL EXAMINER'S C	ERTIFICATE OF DEATH REG. NO.	72 02576
	2. DATE Known XX Month Day	Year Hour
(Type ar Print)	OF 3 11	72
Samuel Kennedy  4. PLACE IN BALTIMORE, MARYLAMD, WHERE PRONOUNCED DEAD	3. DATE Month Day	Year Hour
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	PRONOUNCED DEAD	
HOSPITAL DE TOUR ESTO LOCATION		M.
1030 Sharp St. (So.) 3-16-72	5 USUAL RESIDENCE (Where deceased lived. If institution: A. STATE B. COUNTY Md	2301
6. SEX 7. RACE B. MARRIED NEVER MARRIED WIDOWED DIVORCED	C. CITY OR TOWN D. INSIDE CIT	y LIMITS?
9. DATE OF BIRTH 10. AGE (In years of Under 1 Yr. If Under 24 Hrs. Months, Days, Hours, Min.	1030 Sharp St. (So.)	
WINNESSONO S.C. 12. CITIZEN OF WHAT COUNTRY?	13. FATHER'S NAME  LE INIE KENNEDY	9
14A.USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTRY done during most of working life, even if retired)	15. MOTHER'S MAIDEN NAME MARY HARR	
(Yes, no prynknown) (If yes, give wor or dates of service)  17. SOCIAL SECURITY NO.	18. INFORMANT PLEASE ALES KERE	DRESS B d. A
	Leoholic intoxication	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
LEADING TO DEATH	y motamorphosic of liver	
(A)IMMEDIATE C	S A CONSEQUENCE OF:	
UNDERLYING CONDITION LAST	AS A CONSEQUENCE OF:	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WA		
20 A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WA	S PERFORMED	21. AUTOPSY? (Yes or No)
0 2,		yes
Z22A. EXTERNAL CAUSE WAS   228. PLACE OF INJURY (e.g.,	in ar about 22C. WHERE DID (If in Boltimare City, give exac	
UNDERLYING OR CONTRIB- home, farm, foctory, street, office	bldg., etc.) INJURY OCCUR?	
UTING CAUSE OF DEATH.  22D. TIME (Month) (Doy) (Year) (Hour) 22E. INJURY OCCURRED	22F. HOW DID INJURY OCCUR?	
OF INTURY	WHILE	
23. I certify that I held on Inquiry Inspection Aut	ond that on this basis, death in my c	pinion
resulted from: Notural couses 💌 Accident 🗌 Suicid	e Homicide Undetermined monner	
	CHIEF MEDICAL EXAMINER	
ACTUAL X/10 WINTER	ASSISTANT MEDICAL EXAMINER	DATE SIGNED
SIGNATURE EXAMINER'S Peter Tenkovic M.D.	ASSOCIATE MEDICAL EXAMINER	3/12/72
EXAMINER'S Peter Lipkovic, M.D.	ASSOCIATE MEDICAL EXAMINAER	5/14/14
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY	2	ar county) (State)
	7,742.	
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR  MAR 1 4 1972	Mush well danger (35	n-gilmon st
VS 151-REV. 1/1/68		

HRS

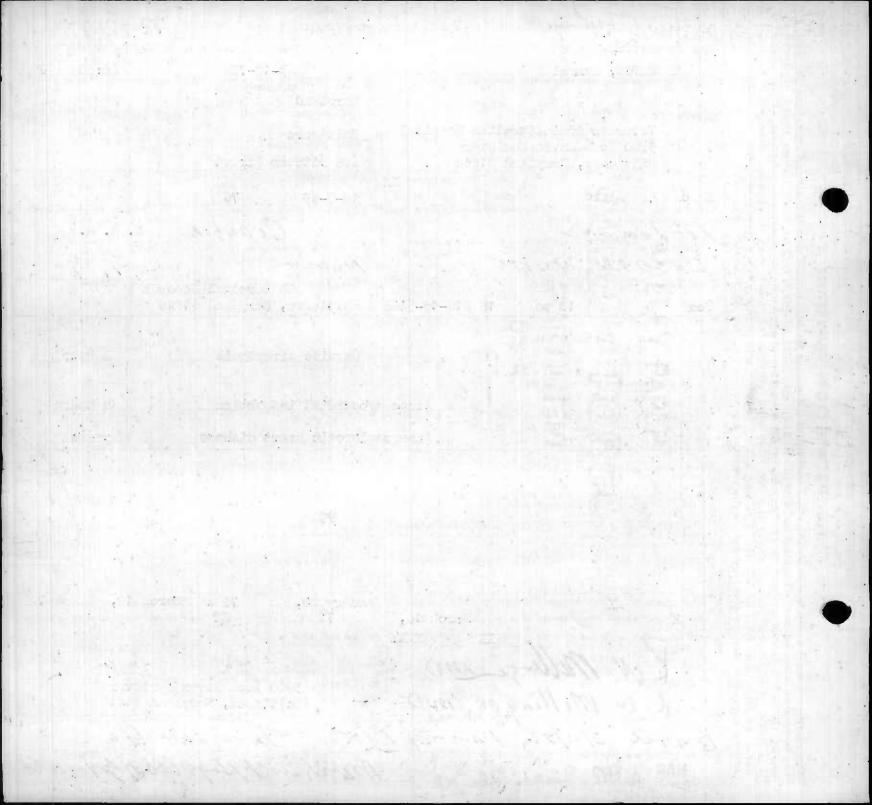
was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such writted approval must be obtained before the remains are embalmed or final disposition is made.

VS 150-REV. 1/1/68

BALTIMORE CITY HEALTH DEPARTMENT

REG. NO	72	02577
	12	110011

BIRT	H NO. 7	2 (2577			CERTIFICA	TE OF	DEATH	KEG. N	-12	2017	
	AME OF DEC	EASED					2. DATE AI	ND HOUR OF I	DEATH	F	
	WE	ITE Samuel					3-10	-72		6:20	P M.
3. 1	3. PLACE IN BALTIMORE MARYLAND, WHERE PRONOUNCED DEAD						B. COU		ed. 11 institution:	residence belor	admission)
FU	L NAME OF SPITAL OR TITUTION	(IF NOT IN HOSPITA	AL OR IN	STITUTIC	ON, GIVE STREET	Mary.			D. INSIDE CITY	LIMITS?	oh.
114.3	Ve	terans Admin	istra	tion	Hospital	Rel to	imore	900.00	YES	NO	
)	manne.	000 Loch Raver					ND NUMBER				
X	-	ltimore, Mar				628	Pitcher S	Street			
5. S		6. RACE			NEVER MARRIED	B. DATE OF	BIRTH	9. AGE (In yeo lost birthdoy)	rs If Und	er 1 Yr. If U	nder 24 Hrs.
M	ald	Negro	WIDOV	VED [	DIVORCED	10-7-	-95	76			1
		PATION (Give kind of work	10B. KINI	OF BU	SINESS OR INDUSTRY			eign country)	12, CIT	ZEN OF WHA	COUNTRY?
don		vorking life, even if retired)					66	ONDIA	U.	S. A.	
13.	ATHER'S NAM		1			14. MOTHER	'S MAIDEN NA				
1	Won!	oon wx	117	5		NA	/				
15. 1	Vas Deceased	Ever in U. S. Armed For (If yes, give wor or date	ces?	(e) 16.	SOCIAL SECURITY NO.	17. INFORM.	ANT VA HO	spital F	Records	ADDRESS	
	88	18 t			218-18-5468	Balt	imore, Ma	-			
	18. / / /	091			CAUSE OF DEAT					APPROXIMAT	
	DISEAS	E OR CONDITION DI	RECTLY							BETWEEN ONSE	T AND DEATH
		LEADING TO DEATH			(A)IMMEDIATE CAL	se Card	lac arrhy	rt.hmi a		1 hou	r
	(This does not meon the made of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF:								•		
	injury ar complication which coused deoth.)										
	-	ANTECEDENT CAUSES			(B) Acute II	vocard	ial infar	ction		h hou	rs
					A CONSEQU	ENCE OF:					
		ise to the above cause (A) stating the JNDERLYING CONDITION last. (C) Atheros					ic heart	disease		vears	
		II									
NO	OTHER SIGNIF	ICANT CONDITIONS CO	NTRIBUTI	NG							
ATIC		H BUT NOT RELATED TO THE ONDITION GIVEN IN PAR		NAL							
CERTIFICATION		A-DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED				20A. AU1	OPSY? (Yes or N	O) 20B. IF YES,	WERE FINDING	S CONSIDERED	
CE	21A. ACCIDEN	T WAS UNDERLYING	]	21B, PL/	ACE OF INJURY (e.g., i	n or about 210	WHERE DID	(If In I	Boltimore City, g	ve exact location	n)
CAL		TING CAUSE OF		etc.)	form, foctory, street, of	nice blag., IN.	TORT OCCUR!				
0	21D. TIME	(Month) (Doy) (Year)	(Hour)	21 E. IN	JURY OCCURRED	211	HOW DID IN	JURY OCCUR?			
MEDI	(APPROX.)			While	At Not Whil	• 🗆					
		•		Work	At Work		,		70 7		
22. I certify that the (this haspital) attended the deceased from January 20, 19 72 to March 10,											
that M) (we) last saw the deceased alive on March 10, 19.72 and that in (au) (aur) apinian death acc								ath accurred	an the date		
	and hour and	and have and from the causes stated above. XX (We) (did) (dfX)(df) view the bady after death.									
	23A. SIGNATU	RE M.	1	-					23 B, DA	TE SIGNED	
Attending   Med. Staff   3/14/							4/72				
H	23C. PHYSICIA		1.		OLONEL,	23D. ADDRES	s 3900 :		en Boule	vard	
	NAME (T	Iv. Mell	ina	PR	m.D				ryland 2		
24A		MATION, 24B, DATE	/24	C. NAM	E of CEMETERY or CR	MATORY		LOCATION	(City, town,		(Stote)
1	REMOVAL (	Z 3/13/7	2	For	miny/	100	17	YOMS	on 6	4	
25 A	DATE REC'D	BY HEALTH DEPT.	25B. NA	ME OF	REGISTRAR	25C. FUI	VERAL DIRECTO	Rnsi	. 191.	ADDRESS	11
	MAR 1	4 1972 2.2	20	70	4 30	1120	mans	Many	16001	19/10	M Joh



	TY HEALTH DEPARTMENT	
BIRTH NO. 72 02578 CERTIFICA	ATE OF DEATH REG. NO	72 (2578
TYPE OF BECEASED  TYPE OF BEILD S ORA B.	2. DATE AND HOUR OF DEATH MARCH 12, 1972	2 1/20 m M
FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	A. USUAL RESIDENCE IWhere deceased lived. If in A. STATE B. COUNTY  PALTIMORY, MD  C. CITY OR TOWN D. INS  BALTMORE	IDE CITY LIMITS?
PROVIDENT HOSPITAL	E. STREET AND NUMBER 2433 LINDEN AUE	
S. SEX 6. RACE N 7. MARRIED NEVER MARRIED WIDOWED DIVORCED D	8. DATE OF BIRTH 9. AGE (In years lost birthday)	If Under 1 Ye. If Under 24 Hrs. Months Doys Hours Min.
10A USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTION done during most of working life, even if retired)  ATTE CLUB	SIGALLANK MISS	12 CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	3ELIA A.	SH
5. Was Deceased Ever in U. S. Armed Forces? Yos, no or unknown) (If yes, give war or dates of service)  ANS  16. SOCIAL SECURITY NO.	LARON HEARING 3612	ADDRESS
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (A) IMMEDIATE C.	Muson Jeron	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH  US  WKNOWN
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.  ANTECEDENT CAUSES	Lever alized term	ral
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last. (C)	AS A CONSEQUENCE OF	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A),		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  19A. DATE OF OPERATION WAS PEEFORMED  21A. ACCIDENT WAS UNDERLYING!	20A AUTOPSYS (Yes of Not 20R IF YES, WERE IN CERTIFTING CA	FINDINGS CONSIDERED LUSES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING   21B. PLACE OF INJURY (e.g home, larm, loctory, street, peach (notify medical examined)	office bidge INJURY OCCUR?	re City, give exact location)
21D-TIME (Month) (Doy) (Yeol) (Hous) 21E INJURY OCCURRED OF INJURY (APPROX.) Not W Work At Wo	Ale Care and the c	
22. I certify that (I) (this hospital) attended the deceased from that (I) we lost sow the deceased alive on	Marin 8 19 /2 to 10 pp	Inlon death occurred on the date
and hour and from the couses stated above. (1) (We) (did) (did not)	view the body after death.	
W Wombur DEGREE P.	Attending Med. Stoff hys. Director Phys.	238, DATE SIGNED
M.P. COMBATIR M.D.		AL
SUNTAL 3/16/72 Maycom?	NATIONAL MUINKIN	ity, town, or county) (Stote)
MAR 1 4 1972 2 C 3 A	My wishows Houges	638 NG1 / mm 57

TRIBEH LANGE

45	occurred in a hospital and contributing cause of death remined cause; (5) Deceased regular attendance on the cased prior to death. Such cased prior to death.	
FUNERAL DIRECTOR: IMPORTANT	pproved by the chief medical examiner or his assistant if death occurred in a hospital and the hospital by a medical examiner. Also, if the direct or contributing cause of death any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased (except where the physician who pronounced death was in regular attendance on the family and (6) No physician was in regular attendance on the deceased prior to death. Such obtained before the remains are embalmed or final disposition is made.	
FUNERAL DIRE	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.	
	This certificate must be ap the body was released to shows: (1) An accident of a was D.O.A. at a hospital ( deceased prior to death); written approval must be	

	V-340		02579		HEALTH DEPARTMENT	REG. NO.	72	02579
	NAME OF DECEASE	-	4/1		2. DATE A	ND HOUR OF DEATH		.150
3	B. PLACE IN BALTIMO		WELL WHERE PRONO	UNCED DEAD	4. USUAL RESIDENCE IWH	3)10/72	. titutions and de	4 3 A.M.
F 1	FULL NAME OF HOSMIAL OR NSTITUTION	(IF NOT IN HOSP ADDRESS OR LOC	ITAL OR INSTIT	UTION, GIVE STREET	Maryland C. CITY OR TOWN	BALTO	2	5300
	Baltimore					D. 11431	YES	No
	4940 Easte				E. STREET AND NUMBER		7.7	
5.	Baltimore,				4940 Eastern	Avenue	21224	
	Female (	'annagi an	WIDOWED	NEVER MARRIED DIVORCED	8. DATE OF BIRTH 11/7/86		Months Days	If Under 24 Hrs. Hours Min.
do	one during most of working	g lile, even If refired)	IND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or for		12. CITIZEN C	FWHAT COUNTRY?
12	SEATHER'S NAME	23	OF	wine	MALYLA.		II.S	3 A
.   '	A				14. MOTHER'S MAIDEN NA	ME		20.00
15		et 130			NELLIE	Z3NOL -		
(7)	Was Deceased Ever	in U. S. Armed Fo	orces? les of service)	SECURITY NO.	17. INFORMANT	4940 East	ern Aver	RESS
-	18. 0 4	11		CAUSE OF DEATH	T PEHR RECORDS	Baltimore		and 21224
	(This does not me heart failure, as the injury or complicate ANTE	nio, elc. Il mean: ion which caused CEDENT CAUSE:	dying, e.g., s the disease, d death.)	-	SE CARDID - F ACONSEQUENCE OF: IC MYELOGEN A CONSEQUENCE OF:	RESPIRATOR ARRE	Y ST	an inutes
	rise to the above cause (A) stating the				D CUD			rears.
CATION	OTHER SIGNIFICANT TO THE DEATH BUT DISEASE OR CONDIT 19A-DATE OF OPER	NOT RELATED TO T	HE TERMINAL	Severe				mos
CERTIFICA	0	WAS PER	FORMED	FRICH OPERATION	20A. AUTOPSY? (Yes or No	IN CERTIFYING CAU	NDINGS CONS	SIDERED
CAL	OR CONTINBUTING DEATH (notify medic	AS UNDERLYING CAUSE OF of examined	218, home etc.)	PLACE OF INJURY (e.g., in b, farm, foctory, street, off	or obout 21 C. WHERE DID	(il in Boltimore	City, give exect	lacation)
MEDI	(APPROX.)	th) (Day) (Year)	Whil		21F. HOW DID INJ	URY OCCUR?		
1	22. I certify that (	I) (this hospital	) attended th	e deceosed from	7 25	19 <u>6 8</u> to	311	0 1972
	that (1) (we) lost			3	10 19 72 ond th	at In(my) (our) opin	on deoth occ	urred on the date
	and haur and from 23A. SIGNATURE	the couses sta	ted abave. (i)	We) (did) (did nat) vi	ew the bady ofter death.			
	23A SIGNATORE	^	15.	Atten	ding 🖂 Med 🗁		23B, DATE SIGN	IED
	23G. PHYSICIANS  23G. PHYSICIANS  23G. PHYSICIANS  23G. PHYSICIANS							
	23C. PHYSICIAM'S NAME (Type)	- 0	0.1	23	4940 Fastern A	venue	1	
24/	BURIAL CREMATIO		Nell	DEGREE DEGREE	Raltimore, Mar	yland 2122		
	REMOVAL (Specily)		1	ME of CEMETERY OF CREA	24D. Li	CATION (City	, town, or count	(State)
25/	DATE REC'D BY HE	3-13-7	25B. NAME O	DEGREEA		olt.		Med.
	MAR 14 197	2 Jack	C A D	VEODIKWK .	25C, FUNERAL DIRECTOR	Joh- Brooks	lou	ron In
VS	150-REV. 1/1/68			100		7.5		

545 5.45th St. Adm. 7/15/67

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	,	4-626 BALTIMORE CITY HEALTH DEPARTMENT
		72 258 CERTIFICATE OF DEATH REG. NO. 72 02580
	(Ty	Pe or Print HIVSCHOVN - SOLOMON 2. DATE AND HOUR OF DEATH  B/2/72 10.10 p.m.
	3.	PLACE IN SALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD  4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)  A. STATE  B. COUNTY
	HC	ILL NAME OF OF OFFICE OF IN HOSPITAL OR INSTITUTION, GIVE STREET MARYLAND C. CILYOR TOWN D. INSIDE CITY LIMITS?
-	9	KAIN YES PI NO []
	N	Orth Charles Densel E. STREET AND NUMBER 3600 CLARINTH ROAD
	5. \$	SEX 6. RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Hrs. Monthe; Doys Hours; Min.
2	16A	LUSUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (Stole of foreign country) 12 CITIZEN OF WHAT COLUMBRY
	don	LAW A Corner of Relief Corner of Russian Law 25A
2	137	FATHER'S NAME
	15 3	Was Deceased Ever in U. S. Armed Forces? 116, SOCIAL IV. INSPORMANT.
	ves	Was Deceased Ever in U. S. Armed Forces? s, no or unknown! (If yes, give wor or dotes of service)  16. SOCIAL SECURITY NO. 2/4-38-9566  AXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
		18. 16 3 81 CAUSE OF DEATH APPROXIMATE INTERVAL
3		LEADING TO DEATH
		(This does not meon the mode of dying, e.g., heart failure, asthenia, etc. It means the disease.
		ANTECEDENT CAUSES
		DISEASES OR CONDITIONS, if any, giving  (B)  DUE TO, OR AS A CONSEQUENCE OF:
		underlying condition last.  (c) E lung mulastrasis.
	z	
	Ě	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).
		196. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yee of No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
	4	21A. ACCIDENT WAS UNDERLYING   21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID home, farm, foctory, street, office bidg., INJURY OCCUR?
	O	DEATH (notify medical exominer) etc.)
	3	21D.TIME (Month) (Dayl (Yeor) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?  While At Not While At Not While At Not Work At Work
		22. I certify that (1) (this hospital) attended the deceased from 2/29 1972 to 3/2 1972
	- 1	that (1) (we) lost sow the deceased alive on 19 7 and that In(my) (our) opinion death occurred on the date
		and hour ond fram the causes stated above. (i) (We) (did) (did nat) view the body after death.
	ľ	M. S.
		Attending Med. Sheff DEGREE Phys. DEGREE Phys. Director Phys. 3/12/72  23C. PHYSICIAN'S   23D. ADDRESS
		NAME (Type) VEENA SATHIRAKUL M-D NORTH CHARLES GENERAL HOSE
	24A.	BURIAL CREMATION, 24B. DATE 24G. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, town, of county) (Stote)
	25A.	BURIAL 3-13-72 BALTIMORE HEBREW BALTIMORE, MARYLAND
		MAR 14 112 VOLUME OF REGISTRAR SOL DEVINSON & BROS., 6010 REISTERSTOWN ROAD

	BALTIMORE CITY HEALTH DEPARTMENT
BIR 1. N	71-220 72 02581 CERTIFICATE OF DEATH REG. NO. 72 02581
	AME OF DECEASED Veta Moses  2. Date and Hour of Death  3-11-72   4.40 P.M.
FU HC	LL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)  LL NAME OF ADDRESS OR LOCATION)  D. INSIDE CITY LIMITS?
0	SINAI HOSPITA: L  E. STREET AND NUMBER  J7154 Hanson Ave # 9
5. S	EX 6. RACE 7. MARRIED NEVER MARRIED S. DATE OF BIRTH 9. AGE (In years lost bisthday) 8 WIDOWED DIVORCED Sept 21, 1903 68  USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State of foreign country) BALTIMORE,  12. CITIZEN OF WHAT COUNTRY?
	HOUSEWIFE AT HOME MATURE, WXXXXXX U.S.A. 14. MOTHER'S NAME
S. Ye	Wolfe triedman  Was Deceased Ever in U. S. Armed Forces?  ADDRESS  MR. TOM MOSES, 2715A HANSON AVE. APT. 2C #9  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
_	216-52-5693 XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
	DISEASE OR CONDITION DIRECTLY  LEADING TO DEATH  (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. II meons the disease, injury or complication which caused death.)  (A) IMMEDIATE CAUSE  DUE TO, OR AS A CONSEQUENCE OF:
-	DISEASES OR CONDITIONS, if any, giving rise to the above couse (A) stating the UNDERLYING CONDITION lost.  (B) Renal failure & Septicemia 4 mons, Due to, or as a consequence of:  (C) Chronic Pyelonephritis With Lyrs.  (C) Chronic Pyelonephritis With Lyrs.
FICATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 19B. CERTIFYING CAUSES OF DEATH?
CAL CERTIFI	21A. ACCIDENT WAS UNDERLYING   21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, factory, street, office bldg., INJURY OCCUR?  DEATH (notify medical examiner)   21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, factory, street, office bldg., INJURY OCCUR?
-	21D. TIME (Manth) (Day) (Year) (Haur) 21E, INJURY OCCURRED 21F. HOW DID INJURY OCCUR?  While At Not While At Work 21 At Work 22 At Work 22 At Work 23 At Work 24 At Work 25 At W
	22. I certify that (1) (this hospital) attended the deceased from 3-72-72 19 72 to 3-11 19 72, that (1) (we) last saw the deceased alive an 3-11 19 72 and that in (my) (aur) apinian death occurred on the date
	ond figur and from the causes stated above. (1) (We) (did) (did not) view the body after death.  234. SIGNATURE  Attending Med. Shaff Signed  236. PHYSICIAN'S  230. ADDRESS  230. ADDRESS
24/	NAME (Type) PRICHA PHATTIYAKUL, M.D. Sinai Hosp. of Baltimore  A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, at county) (State)
25,	BURIAL 3-13-72 CHIZUK AMUNO (ARLINGTON) BALTIMORE, MARYLAND  A. DATE REC'D BY HEALTH DEPT.   258, NAME OF REGISTRAR;   255, FUNDRAL DIRECTOR ADDRESS
	SOL LEVINSON & BROS., 6010 REISTERSTOWN ROAD

E-S-11 MINERAL DAYS OF The meson such a reprint

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This cortificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and	to the hospital by a medical examiner. Also, if the direct or contributing cause of death	ie; (5) Deceased	was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the	to death. Such	
ith occurred in	contributing	determined caus	in regular atte	eceased prior	on is made.
assistant if dec	if the direct or	iny kind; (4) Une	ed death was	dance on the d	or final dispositi
examiner or his	xaminer. Also,	3) A fracture of a	who pronounc	n regular atten	written approval must be obtained before the remains are embalmed or final disposition is made.
e chief medical	by a medical e	2) Body burns; (3	e the physician	physician was in	ore the remains
approved by th	to the hospital	of any nature; (;	al (except wher	h); and (6) No	be obtained bef
rtiticate must be	the body was released	(1) An accident	O.A. at a hospit	ed prior to deat	approval must
This ce	the bo	Shows	was D.	deceas	writter

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH BIRTH NO I.NAME OF DECEASED DATE AND HOUR OF DEATH (Type or Print) 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD USUAL RESIDENCE (Where deceased lived, It institution: residence before admission) B. COUNTY FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) Mamlino HOSPITAL OR C. CITY OR TOWN D. INSIDE CITY LIMITS? YES Z NO E. STREET AND NUMBER 3603 Fern hi 5. SEX 6. RACE MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years Il Under 1 Yr. Months: Doys Il Under 24 Hrs. Hours i Min. Hours lost bitthde WIDOWED EMALE WHITE DIVORCED 10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRE 11. BIRTHPLACE (State or foreign country) done during most of working life, even il retired) RESTAURANT SALES LADY RKKA USA RICHMOND. VIRGINIA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ISRAEL CAPLAN REBECCA 15. Was Deceosed Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wer or detes of service) 6. SOCIAL 17. INFORMANT ADDRESS SECURITY NO. NO MRS. ILENE TASK, 8260 BRATTLE RD. #21208 18. CAUSE OF DEATH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) IMMEDIATE CAUSE (This does not meon the mode al dying, e.g., DUE TO, OR AS A CONSEQUENCE OF: heart failure, asthenio, etc. It means the disease, injury or camplication which coused death.) ticulity c Absen ANTECEDENT CAUSES DUE TO, OR AS A CONSEQUENCE OF DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION lost (C)... 11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 194-DATE OF OPERATION 198 CONDITION FOR WHICH OPERATION 20A. AUTOPSYT (Yes & No) 208, IF YES, WERE FINDINGS CONSIDERED WAS PERFORMED WILLY'S CUSDAM IN CERTIFYING CAUSES OF DEATH? 21A. ACCIDENT WAS UNDERLYING 218 PLACE OF INJURY (e.g., in or obout 21 C. WHERE DID homo, form, foctory, street, affice bidg., INJURY OCCUR? (If in Boltimore City, give exect location) OR CONTRIBUTING CAUSE OF MEDICAL DEATH (notify medical examined) 21 D. TIME OF INJURY (Month) (Doy) (Year) (Hour 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? While At (APPROX.) Not While Work At Wark 22. I certify that (I) (this hospital) attended the deceased from that (I) (we) last saw the deceased alive an and that In (my) (aur) apinion death accurred on the date and have and from the causes stated above, (I) (#e)-(did) (did:net) view the body after death. 23A. SIGNATURE 23B. DATE SIGNED Attending Mod. Phys. Phys. Director 23C. PHYSICIAN'S 23D. ADDRESS NAME (Type) DEGRE 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, Nwn, or county) REMOVAL (Specily)

12. CITIZEN OF WHAT COUNTRY? BALTIMORE, MARYLAND OHEL YAKOV 25B NAME OF REGISTRAR 25Co FUNERAL DIRECTOR ADDRESS SOL LEVINSON & BROS.,6010 REISTERSTOWN ROAD VS 150-REV. 1/1/68

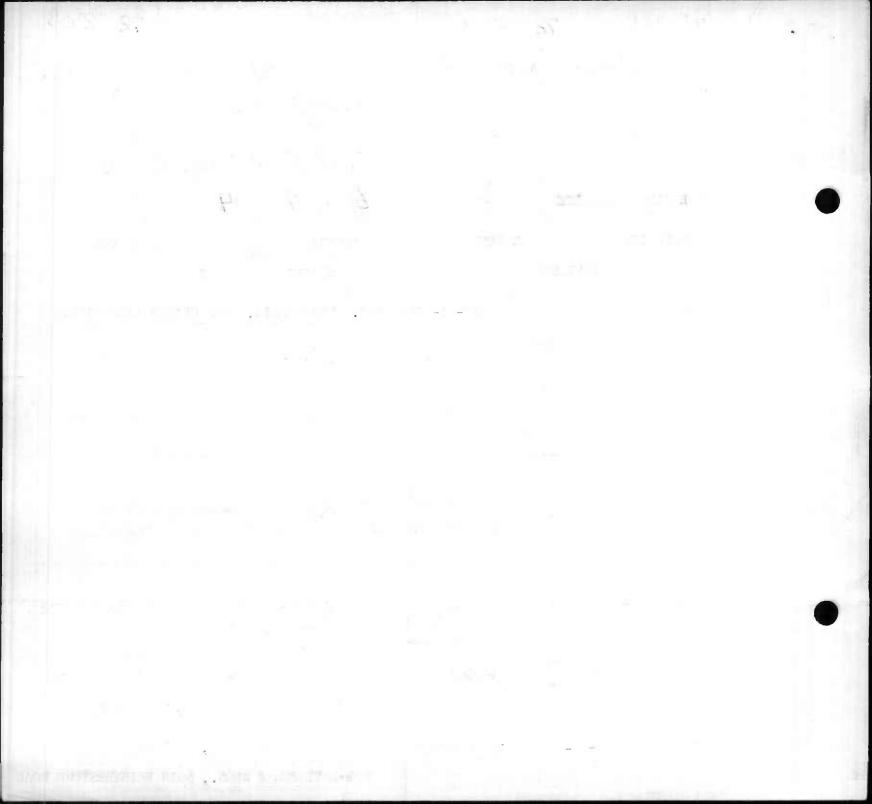
(33 ALGERY, CLAREN 

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# FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death. shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

II R	M-460		TY HEALTH DEPARTMENT		72 02583	
	NAME OF DECEASED	-1 - 2		AND HOUR OF DEATH		
	PLACE IN BALTIMORE, MARYLAND, 1	MILLEK.		3/10/72	1 /2·304, M.	
1			A. STATE B. CO	UNITY	nstitution: residence before admission)	
HIH	ISTITUTION ADDRESS OR LOC		C. CITY OR TOWN	D INS	IDE CITY LIMITS?	
1	SINAI HOSPITA	C OF BALTIMBRE	BALTIM	ORE	YES NO	
	42		E. STREET AND NUMBER	BROOKMILL	Ro 212/5	
5.	SEX 6. RACE  FEMALE & SHITE	** MARRIED NEVER MARRIED DIVORCED	8. DATE OF BIRTH	9. AGE (In yours lest birthday)	If Under 1 Yr., if Under 24 Hrs. Manths Days Haurs Min.	
10	A. USUAL OCCUPATION (Give kind of wor	THE TOR KIND OF BUSINESS OR INDUSTR	TY 11. BIRTHPLA GE (Stoto or fo	oreign country)	12. CITIZEN OF WHAT COUNTRY?	
	ne during mast of working lile, even if retired) HOUSEWIFE	AT HOME	RUSSIA		USA	
13	FATHER'S NAME		14. MOTHER'S MAIDEN N	IAME	OOA	
	LEVINS		SHIFRA	?		
(Y	Was Deceased Ever in U.S. Armed For some or unknown! (If yes, give war er date		17. INFORMANT		ADDRESS	
-	NO	212-01-8386		IN, 4008 CLA	RKS LANE #21215	
	DISEASE OR CONDITION DI	CAUSE OF DEA	in		SETWEEN ONSET AND DEATH	
	LEADING TO DEATH	(A) IMMEDIATE CA		<b>'</b>	DAYS.	
	(This does not mean the mode of heart lailure, asthenia, etc. 11 means injury at camplication which caused	s the disease.	A CONSEQUENCE OF:	**************************		
	ANTECEDENT CAUSES	5				
-	DISEASES OR CONDITIONS, II	any, giving (B).  DUE TO, OR A	S A CONSEQUENCE OF:	************		
	rise la lhe abave cause (A) UNDERLYING CONDITION last.	slating the				
	- 11					
ATIO	OTHER SIGNIFICANT CONDITIONS CO TO THE DEATH BUT NOT RELATED TO T DISEASE OR CONDITION GIVEN IN PAR	THE TERMINAL				
ERTIFICATION	19A DATE OF OPERATION 19E CON WAS PER	IDITION FOR WHICH OPERATION	20 A. AUTOPSY? (Yos or	No. 208, IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?	
CAL CE	21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (netify medical exeminer)	heme, lenn, lectery, street,	in or obout 21 C. WHERE DID	(If in Boltimor	e City, give exact location)	
EDIC/	21D-TIME   Month) (Day) (Year)	Houd 21E INJURY OCCURRED	015 115			
ME	OF INJURY (APPROX)	While At Not Wh	21 F. HOW DID IN	NJURY OCCUR?		
	22. I certify that (t) (this hospital		4113/8	19 72 to	3//0 1972	
that (1) (we) last saw the deceased alive an						
	23C. PHYSICIAN'S NAME (Type)	OZNER MA	23D. ADDRESS	- 160		
24	BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	24C. NAME OF CEMETERY OF CH	EMATORY 24D.	LOCATION (Cit	y, tawn, or caunty) (Stote)	
	BURIAL 3-12-72	2 ANSHE EMUNAH		ALTIMORE, MAR		
25	MAR 4 4 1079 () A	258 NAME OF BEGISTRAR	25C. FUNERAR DIRECTO	OR()	ADDRESS	
L	MAR 4 9/2 Valent	E. Jaiber, M. B.	SOL-LEVINSON	& BROS., 601	O REISTERSTOWN ROAD	

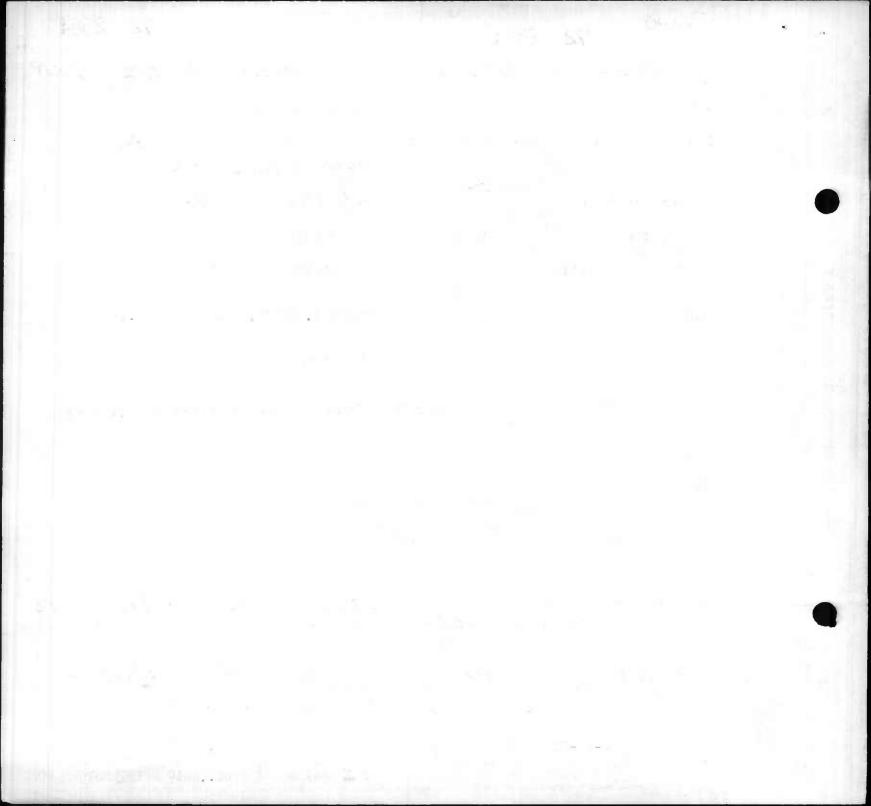


### IMPORTANT FUNERAL DIRECTOR:

This cortificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made

	5-600			HEALTH DEPARTMENT		72 02584
BI	RTH NO.	72 025	84 CERTIFICA	TE OF DEATH	REG. NO.	12 UZJ04
	NAME OF DECEASED			2. DATE AND	HOUR OF DEATH	
	CE41A	4.	SHEAR	MARC	H 10 th	1972 2.50PM
3.	PLACE IN BALTIMORE, MARYL	AND, WHERE PR	ONOUNCED DEAD	4. USUAL RESIDENCE (Where	deceased lived. If in	stitution: residence before admission)
FL	JLL NAME OF UF NOT IN ADDRESS OF STITUTION	HOSPITAL OR II	NSTITUTION, GIVE STREET	MARYCANI		DE CITY LIMITS?
1	SINAI HOSPITAL	OF BAC	TIMORE INC.	BALTIMORE E. STREET AND NUMBER	J. 11(3)	YES NO [
	TX			5414 JONA	W AVE	
5.	SEX 6. RACE	7. MAR	RIED NEVER MARRIED	8. DATE OF BIRTH 9.	AGE (In years	II Under 1 Ye , II Under 24 Hrs.
	FEMALE WHITE	WIDO	WED DIVORCED	11/11/99	ost birthdoyl 72	Months Doys Hours Min.
10/	LUSUAL OCCUPATION (Give kin	d of work 10B, KIN	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stole or loreig	n country!	12. CITIZEN OF WHAT COUNTRY
Sor	ne during most of working life, even if HOUSEWIFE	refired)	AT HOME	RUSSIA		USA
13.	FATHER'S NAME		AT HOPE	14. MOTHER'S MAIDEN NAM		USA
	? LI	EVIN		EVELYN	?	*
15. (Ye	Was Deceased Ever in U. S. Ar s, no or unknown! (If yes, give wa	med Forces? r or doles of serv	ice) 16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
	NO			MORTON I. SHEAR	. 9020 BRUN	O RD., #21133
	DISEASE OR CONDITI	ON DISECTIV	CAUSE OF DEAT	1		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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	(This does not mean the m	ode of dying,		SE INTRA CEREBEL A CONSEQUENCE OF:	AL BLEE	2 HOURS
	heart failure, astheria, etc. It injury or camplication which	meons the dise	iose,	CONSEQUENCE OF:		
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	DISEASES OR CONDITION		ving (B) HCO VE	MYELO - MONOC' A CONSEQUENCE OF:	YTIC CEUKE.	MIA WEEKS
	rise to the above cous	e (A) stating		A GONZEGOLINGE OIL		
	UNDERLYING CONDITION I	ost	(c)			
z	OTHER SIGNIFICANT CONDITIO	NC CONTRIBUTE	10			
ATION	TO THE DEATH BUT NOT RELAT	ED TO THE TERMIN	NG NAL			
ERTIFIC/	DISEASE OR CONDITION GIVEN 19A-DATE OF OPERATION 19 W	B. CONDITION F AS PERFORMED	OR WHICH OPERATION	20A-AUTOPSY? (Yes or No)	208 IF YES, WERE F	INDINGS CONSIDERED
U	21A. ACCIDENT WAS UNDERLOR CONTRIBUTING CAUSE	YING D	218 PLACE OF INJURY (e.g., ir hame, larm, lactory, street, off	or obout 21 C. WHERE DID		City, give exact location)
S	DEATH (notify medical examiner	1	elc.)	ice pieds indokt occosts		
144	21D. TIME (Manth) (Doy) OF INJURY	(Yeorl (Houd)	21E INJURY OCCURRED	21F. HOW DID INJU	Y OCCUR?	
×	(APPROX.)		While At Work Not While			
	22. I certify that (1) (this ha	aspital) attend			22 12	110 1972
	that (1) (we) lost saw the de			, , , , , , , , , , , , , , , , , , , ,	72 to 03	
				ond that	in(my) (our) opin	Ion death accurred on the date
	and hour and from the cause 23A-SIGNATURE	es stated abov	e. (i) (We) (dld) (did not) vi	ew the body ofter death.		
	F. Ween	do	Atter Phys.	ding Med. St	off D	3/10/7Z
	23C. PHYSICIAN'S NAME (Type)		DEGNEE	3D. ADDRESS	13.7	
	FRANKLIN	WEINST	EIN MD	SINDI HOSPITA	6 OF BOO	timere.
24A			C. NAME OF CEMETERY OF CRE	MATORY 24D, LOC	ATION (City	, lown, or county) (Stote)
	RIIDTAI 3_13	2-72 M	IKRO KODESH		IMORE, MARY	
25A	DATE REC'D BY HEALTH DEP	1. 258. NAA	A B-OE, BEGISTRAR	25C FUNERAL DIRECTOR	,	ADDRESS
	TRAILE A R THE PART 137.	CC. BY LL VIEW	LAAL MEET ET	Hoove a diameter and the		

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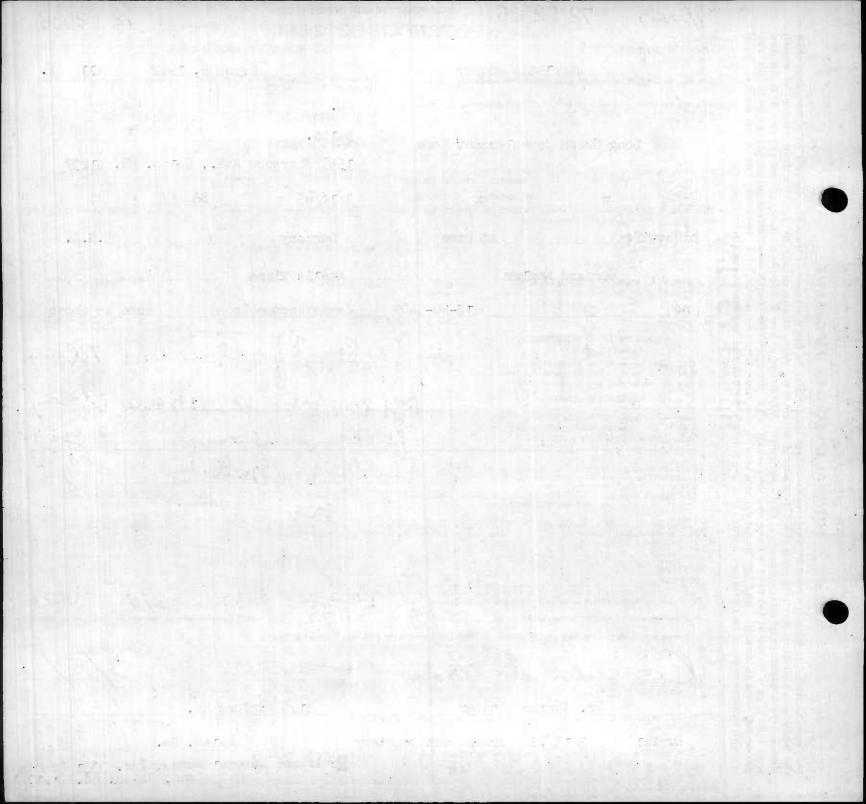
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02585 72 02585 BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH REG. NO. I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) 551 0 M. 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE
B. COUNTY FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) C. CITY OR TOWN D. INSIDE CITY LIMITS? YES 🖂 NO E. STREET AND NUMBER STREET 1824 HOPE 5. SEX 6. RACE B. DATE OF BIRTH 9. AGE (In years Il Under 1 Yr. Months: Days 7. MARRIED NEVER MARRIED If Under 24 Hrs. fast birthday WIDOWED DIVORCED IGA USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Md. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME HUBER, BARBARA WALHAUPTER, WILLIAM 15. Was Deceased Ever in U. S. Armed Ferces? (Yes, no or unknown) (if yes, give wor or dotes of service) 6. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS Ave. no Emma Cunningham 17-05-5690 3203 Chesterfield (sister) CAUSE OF DEATH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH -2 WKS (This does not mean the mode of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF: heart failure, asthenia, etc. Il means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DUE TO, OR AS A CONSEQUENCE OF: DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) staking the UNDERLYING CONDITION last CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A-DATE OF OPERATION 19R CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes at No) 208, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? WAS PERFORMED 218. PLACE OF INJURY (e.g., in or about 21C, WHERE DID home, form, factory, street, office bldg., INJURY OCCUR? OR CONTRIBUTING CAUSE OF (If In Baltimore City, give exact location) MEDICAL DEATH (natify medical examined 21 D. TIME OF INJURY (Month) (Day) (Year) (Hour) 21 E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? Not While While At (APPROX.) Work 22. I certify that (1) (this hospital) ettended the deceased fram. that (1) (we) last sow the deceased olive on and that in (my) (our) apinion death occurred on the date and hour ond fram the couses stated above. (1) (We) (did) (did not) view the body ofter deoth. 23A-SIGNATURE 238, DATE SIGNED Attending Med. Phys. Director 23C. PHYSICIAMS NAME (Type) 23D. ADDRESS DEGREE 24A, BURIAL CREMATION. 24C. NAME OF CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) (State) REMOVAL (Specify) Baltimore Cemetery Balto. Md. 25A. DATE REC'D BY HEALTH DEPT. 25C Schill Will K Runeral Homes, 258, NAME OF REGISTRAR ADDRESS Inc. Brehms VS 150-REV. 1/1/68

### FUNERAL DIRECTOR: IMPORTANT

the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

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	TH NO.	ASED					2. DATE A	ND HOUR OF	DEATH			_
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3. 1	PLACE IN BALT	IMORE MARYLA			AD.	4. USUA A. STATE	L RESIDENCE (WH		ved. If institution	on: reside	nce before odmissi	on)
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	70					15	59 Sherwood	od Ave.,	Balto.	Md.	21239	
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13.	FATHER'S NAM			ao mono			HER'S MAIDEN NA	AME				
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Yes	, no or unknown)	(If yes, give wor	or dates of servi	SECUR	TY NO.	17. 1141-01	MAN			70	DRESS	
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CERTIFICATION		OPERATION 19		OR WHICH OPE	HICH OPERATION 20A. AUTOPSY? (Yes of			or No. 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?				
CER	21 A. ACCIDEN	IT WAS UNDERL	YING	21 B. PLACE OF	INJURY (e.g., i	n or obout	21C. WHERE DID	(If in	Baltimore City	, give exc	oct location)	_
AL		TING CAUSE		home, form, for	tory, street, of	ffice bldg.,	INJURY OCCUR?					
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MEDICAL	OF INJURY	(Month) (Doy)	(Year) (Hour)	21E, INJURY O			21F. HOW DID IN	IJURY OCCUR				
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	1		1) //-	1 1/2		nding 🔲	Med.	Staff		-3	11/12	>
	23 C. PHYSICIA	mark	4 10	cray y	DEGREE Phy	23D. ADD	Director L	Phys. 🗀			///	<
	NAME (Ty					-30. 400					,	
		Dr.	Conrad R:	ichter	OEGREE		3128 Ha	arford Re	d.			
24A	REMOVAL (S	MATION, 24B. D		C. NAME of CE		EMATORY		LOCATION	(City, to)	wn, or co	unty) (Stote	:1
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	pproved by the chief medical examiner or his assistant if death occurred in a hospital	the hospital by a medical examiner. Also, if the direct or contributing cause of c	any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Decc	(except where the physician who pronounced death was in regular attendance or	; and (6) No physician was in regular attendance on the deceased prior to death.	obtained before the remains are embalmed or final disposition is made.
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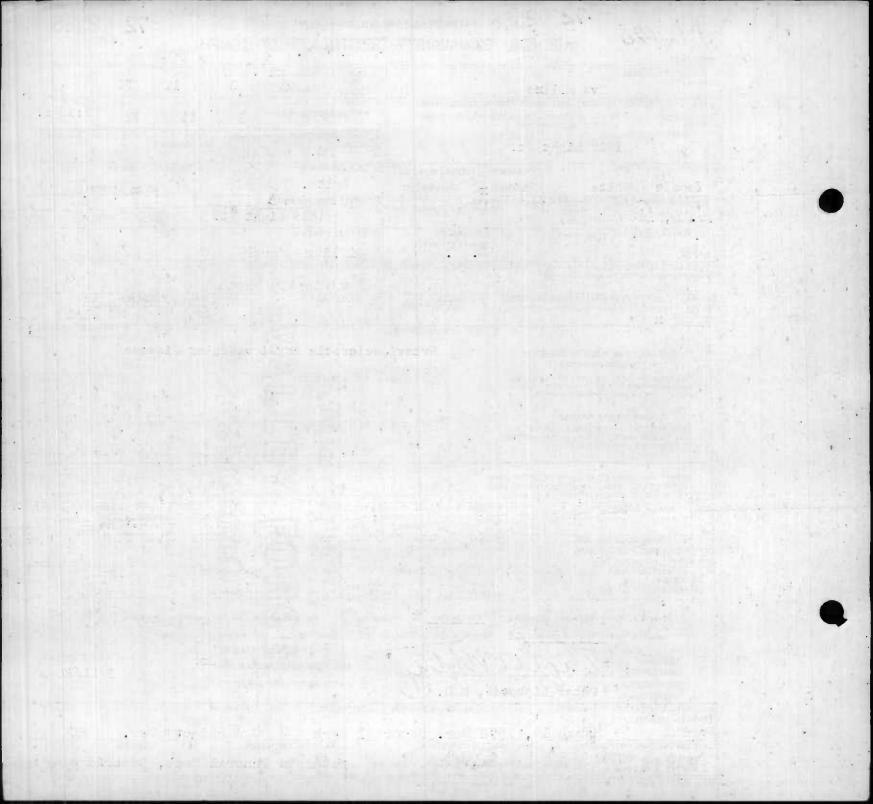
BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) MARCH 12, 1972 STIGLER. TERESA AGNES 3:404 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE
B. COUNTY 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD HOWARD COUNTY MARYLAND FULL NAME OF HOSPITAL OR INSTITUTION IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET C. CITY OR TOWN D. INSIDE CITY LIMITS? ELLICOTT CITY NO XX YES T ST. AGNES HOSPITAL E. STREET AND NUMBER 3106 HAYFIELD DRIVE 21043 8. DATE OF BIRTH 5. SEX 6. RACE 7- MARRIED NEVER MARRIED 9. AGE (In years If Under 1 Yt. Il Under 24 His. lost birthdoy 11-18-91 FEMALE CAUCASIAN WIDOWED DIVORCED 10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLA CE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) HOUSEWIFE HOMEMAKER MARYLAND U. S. A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME JOHN D. MOONEY MARY SWEENEY 15. Was Deceased Ever in U. S. Armed Forces? (Yes, no ar unknown) (If yes, give war or dates of service) 6. SOCIAL "WILKENS AVE. BALTIMORE, MO." 21 ST AGNES HOSPITAL RECORDS-CATON & SECURITY NO. NO CAUSE OF DEATH APPROXIMATE INTERVAL DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF: heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise is the above cause (A) staling the UNDERLYING CONDITION lost OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 1198 CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERED CERTIF! WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? YES 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 21B PLACE OF INJURY (e.g., in or about 21 C. WHERE DID home, form, factory, street, office bldg., INJURY OCCUR? (If In Boltimore City, plye exact location) DEATH (notify medical examined MEDI 21D. TIME (Month) (Doy) (Year) (Hous) 21 E INJURY OCCURRED 2) F. HOW DID INJURY OCCUR? Not While While At (APPROXI Work 22. I certify that (1) (this hospital) attended the deceased from FEBRUARY 200 leath); that (N (we) last saw the deceased alive an MARCH 12. 19 72 and that in (Ny) (aur) apinion death accurred on the date and hour and from the causes stated abave. XIX(We) (dld) XIXIXX) view the bady after death. must 23A. SIGNATURE 238 DATE SIGNED O Attending [ Med. 0 approval prior 23C. PHYSICIAN'S 23D. ADDRESS NAME (Type) LEE, JOUNG SOON MD ST AGNES HOSPITAL 24A. BURIAL CREMATION, 24B. DATE 24C. NAME OF CEMETERY OF CREMATORY pespes (City, town, or county) (State) REMOVAL (Specily) Burial New Cathederal Cem. Baltimore . Maryland 25A. DATE REC'D BY HEALTH DEPT. 258. NAME\_QF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS Stack Funeral Home Ellicott City, Md. VS 150-REV. 1/1/68

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M-42X 72 02588 BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL	<b>EXAMINER'S</b>	CERTIFICATE	OF	DEATH.
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RIP	TH NO.	~0	MED	DICA	L EX	AMINER'S	CERTIFI	CATE OF	DEAT	H REG. NO.			- 19
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_	N ACE IN PAI		ra Mill		101400	INICED DEAD	3. DATE	Estimoted					М.
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OR	INSTITUTION	1829	Light	t St.			A CTATE	ESIDENCE (Where	e deceased li	B. COUNTY	n: residence	before admissi	
6. 5	SEX	7. RACE		B D	DIED 🗆	NEVER MARRIED	C. CITY OR TOWN D. INSIDE CITY LIMITS?						
	female	White	2		WED 🚭	_	'II	lto.			_	NO 🗆	
	ATE OF BIRT		10. AGE (I		If Und	er 1 Yr. If Under 24 Hrs. 1 Days   Haurs   Min.	E. STREET	AND NUMBER					
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11.	BIRTHPLACE (	State or foreig	on country)			TIZEN OF	13. FATHER	'S NAME					
	MD				W	HAT COUNTRY?	Will	iam Nor	th				
14A	USUAL OCCU	PATION (Giv	e kind of work	14B. KINI	D OF BL	SINESS OR INDUSTR	Y 15. MOTHE	R'S MAIDEN NA	ME				
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16.	WAS DECEAS	ED EVER IN	U.S. ARMEI	FORCE	\$? 1	7. SOCIAL SECURITY NO.	18. INFOR	TAAN	506	RobbiA	DDRESS	eet	
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ز بر ا	22A. EXTER		1116		Toop 61		no						
EDICA	UNDERLYING CA		TRIB-		home,	ACE OF INJURY(e.g., farm, factory, street, affi	ce bldg., etc.)	NJURY OCCUR?	(it in Baltima	ire City, give ex	act lacation)		
Σ			Ooy) (Yea	r) (Hou	ur) 22E	INJURY OCCURRED	1	2F. HOW DID IN	JURY OCC	UR?			
	(APPROX.)				m. WH		WHILE WORK						
	23.	tify that i h	eid on l	ngulry			utopsy 🗌	and that on t	his basis,	death in my	opinion		
	resul	ted from: N	loturol cau	ses d	Acc	cident Suici	de H	omicide 🗌	Undetermi	ned monner			
		_	1	1/.	^	4/11		CHIEF MEDICAL	EXAMINER				
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	SIGNAT		7	100	-	W. C. C. C. W.	J.	CIATE MEDICAL I			3	/11/72	
	EXAMIN NAME (		Peter	Lipko	vic,	M D. (	ASSC	CIATE MEDICAL	EXAMINER				
	A. BURIAL CRE	MATION,	AB. DATE		24C.	NAME of CEMETERY	or CREMATO	DRY 24D.	LOCATION	(City, tow	n, or county	) (State	e)
1979	urial		larch :	14,	1972	Dor. Memo	rial Pa	rk	Cambri	id je	Dor.	MD	
25/	A. DATE REC'D	BY HEALTH	DEPT.			F REGISTRAR	25C.	FUNERAL DIRECT			ADDRESS		
	MAR 1	1972	Miller	5.8	albei	1 750 U	0 1	Im Be 1	ineral	L Home,	Cambr	ridge M	D



FUNERAL DIRECTOR: IMPORTANT!

CARTON CONTRACTOR CONT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

	G-432 72 025		HEALTH DEPARTMENT TE OF DEATH	REG. NO	72 02589				
	I. NAME OF DECEASED Type or Print)  MYRALE  G	620,87E) n/		HOUR OF DEATH	730				
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRO	NOUNCED DEAD	4. USUAL RESIDENCE (Whe	re deceased lived. If in	nstitution: residence before admission)				
- 10	FULL NAME OF (IF NOT IN HOSPITAL OR IN: ADDRESS OR LOCATION)	TITUTION, GIVE STREET	c. city or town	BALTIMOR	E S S O D				
	THE JOHNS HOPKINS HOS BALTIMORE, MD 21205	PITAL	BALTIMORE E. STREET AND NUMBER		YES NO NO				
1			3508 ESSEX F						
	t W WIDOW		01-11-01	9. AGE (In years lost birthday) 71	If Under 1 Yr. If Under 24 His. Months: Doys Hours Min.				
1	OA, USUAL OCCUPATION (Give kind of work 10B, KIND lone during most of working life, even if refired)  100memaker	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stole or fore	gn country)	U.S.A.				
Ī	3. FATHER'S NAME		14. MOTHER'S MAIDEN NA	ME	0.00.11.				
1	BRIGGS, OLIVER		GRIMES,	ADDTE					
Įį.	5. Was Deceased Ever in U. S. Armed Forces? Yes, no or unknown][(If yes, give war ar doles of service	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS				
ı		215-05-4272	David Goldste	in 3508 Ex	sex Rd. 21207				
r	18. 5-17 X 1	CAUSE OF DEATH	,		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH				
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  IThis does not mean the mode of dying, e heart failure, asthenia, etc., it means the disea linjury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if eny, givi nise to the above cause (A) stating UNDERLYING CONDITION lost.	ing (B) Juliu	SE HY POUR CONSEQUENCE OF: Many Autor A CONSEQUENCE OF:	the Ju	book				
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO THE TERMIN.	G							
	S DISEASE OR CONDITION GIVEN IN PART 1 (A).  19A-DATE OF OPERATION 19R CONDITION FOR WAS PERFORMED	R WHICH OPERATION	20A. AUTOPSY? (Yes or No	20R IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?				
М	OR CONTRIBUTING CAUSE OF	PIRPLACE OF INJURY (e.g., in home, form, foctory, street, offi etc.)		(If in Boltimor	re City, give exect location)				
Ш	E OF INJURY	While At Work  Not While  At Work	21F. HOW DID INJ	URY OCCUR?					
	22. I certify that (2) (this hospital) attended the deceased from 03-09-72 19 to 03-1/ 19 72 that (6) (we) last saw the deceased clive on 03-1/ 19 72 and that in (3) (aur) opinion death occurred on the date								
	23A. SIGNATURE ADJollan	and haur and from the causes stated above. (4) (We) (did) ( view the body after death.							
	23C. PHYSICIAN'S NAME (Type) M.D. HOLLEN	BERG DOALLOS	THE JOHNS HO	PKTNS HOSDT	PAT				
2	Burial CREMATION, 248, DATE  8-40- BURIAL (Specify)  8-13-1972	NAME of CEMETERY of CREATION OF CREATION Park Ceme	MATORY 24D. LC	Ikens Ave.	ty, town, or county) (State)				
2	SA. DATE REC'D SY HEALTH DRT. 258 NAM	CALL MITTAR	Hubbard Fune	ral Home IN	c. Wilkens Ave. Md.				
5	S 150-REV. 1/1/68								

ens prista a sedda k - Dacastidoll, na 21205

. And the Life Constitution of the constitution

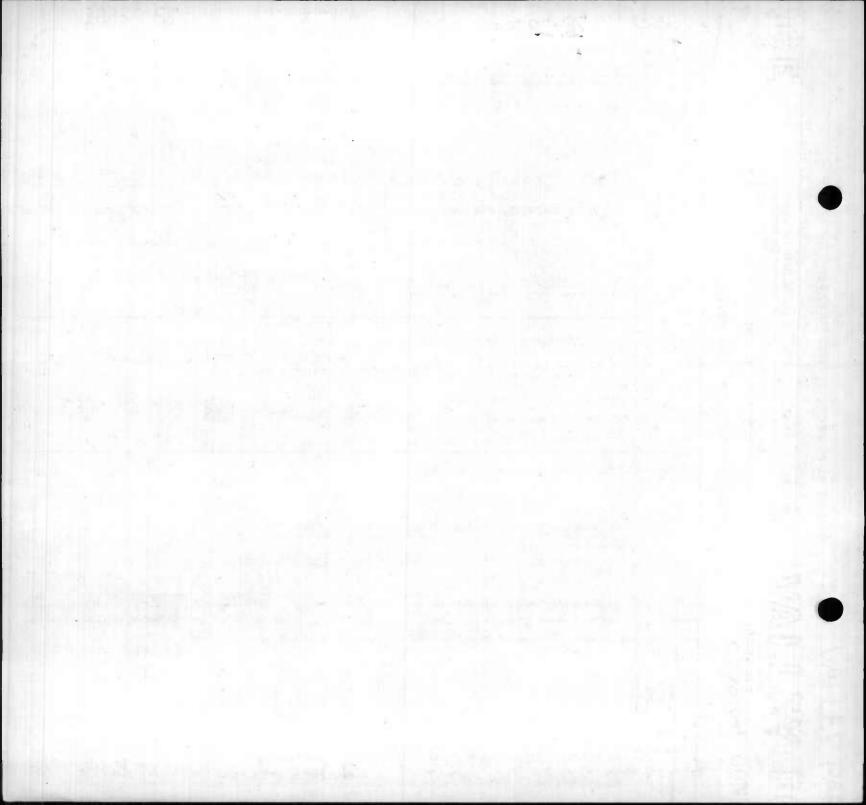
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72 02590 BALTIMORE CITY HE	EALTH DEPARTMENT	
		70 00500
MEDICAL EXAMINER 3 C	CERTIFICATE OF DEATH REG. NO.	72 02590
. NAME OF DECEASED	2. DATE Known KK Month Day	Year Hour
Type or Print) Ernest Hawkins	OF DEATH Estimoted 3 11	72
PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Doy	Yeor Hour
ULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	PRONOUNCED DEAD 3 11	72 8:40 a
ERHITIFICAS20 Carroll St.NDED-	5. USUAL RESIDENCE (Where deceased lived. If institution: A. STATE B. COUNTY	7-
SEX 7. RACE B. MARRIED NEVER MARRIED	Md.  IIIC. CITY OR TOWN D. INSIDE CITY	Y LIMITS?
MAKKIED A INEVER MAKKIED	Relto	
male Negro WIDOWED DIVORCED DATE OF BIRTH 10. AGE (In years   # Under 1 Yr. If Under 24 Hrs.	YES	I NO L
5/29/ 5 1926 lost birthdov) 45 Months, Days, Hours, Min.	820 Carroll St.	
BIRTHPLACE(State or foreign country)  12. CITIZEN OF	13. FATHER'S NAME	
Maryland WHAT COUNTRY?	Solomon Hawkins	
A.USUAL OCCUPATION (Give kind of work) 48. KIND OF BUSINESS OR INDUSTR		
La DO f e fing lile, even if retired)	Bessie Garrett	
. WAS DECEASED EVER IN U.S. ARMED FORCES?  25, no or unknown) (II yes, give wor or dotes of service) SECURITY NO.	IB. INFORMANT ADD	DRESS
es, no ar unknown) (II yes, give wor or dotes al service)  SECURITY NO.	Doretha Hawkins 406 N.	Pine St.
19. / / CAUSE OF DEA	ATH	APPROXIMATE INTER
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST	AS A CONSEQUENCE OF:	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W	VAS PERFORMED	21. AUTOPSY? (Yes or N
22A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- home, form, foctory, street, office UTING CAUSE OF DEATH.	., In or obout 22C. WHERE DID (If in Boltimore City, give exact ice bldg., etc.) INJURY OCCUR?	location)
	22F. HOW DID INJURY OCCUR?  OT WHILE WORK	
ACTUAL SIGNATURE EXAMINER'S Peter Lipkovic, M.D.	utopsy and that on this basis, deoth in my o	DATE SIGNED  3/11/72
NAME (Type)  24A. BURIAL CREMATION,   24B. DATE   24C. NAME of CEMETERY	Y or CREMATORY 24D. LOCATION (City, town,	or county) (State)
Burial 3-16-72 Mt. Aubu:		
SA. DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR AD	DRESS
MAR 1 4 1972 Obline E. Walley X. A. O	O Charles &. Rice 661 W.	. Rarre St.

3/24/72 - Correction form from funeral director.

Asc.

BIRT		72.0259	T' CEPTIFIC	ATE OF DEATH	REG. NO	2 02591
	H NO.	3 1. 5.00	1 CERTIFICA		ND HOUR OF DEATH	1
	e or Print) Jame.	5 R.	Leach.	3- 9	7-12	institution: residence before admission
FUL	L NAME OF (IF NI SPITAL OR ADDI		ONOUNCED DEAD	A. STATE B. COUR	Nimone	SIDE CITY LIMITS?
L	INIVERENTY	Hospita	l	Bultimo 12 E. STREET AND NUMBER	? =	YES (A) NO [
	38			504 Wyet	L 5+.	
5. SI	male Ne	a As WIDO	NEVER MARRIED  WED DIVORCED  D OF BUSINESS OR INDUSTRE	B. DATE OF BIRTH ()  5-26-1921  RY 11. BIRTHPLACE (Store or love	9, AGE (In years lost birthday)	II Under 1 Yr. If Under 24 Hrs Months Doys Hours Min.
one	during most of working life,	even if retired)		HARYLAN	17)	U.S. A.
3. F	ATHER'S NAME			14. MOTHER'S MAIDEN NA	ME	
5. V	Vas Deceased Ever in U.	. S. Armed Forces?	ice) 1 6. SOCIAL SECURITY NO.	ELIZA BE	TH SIN	ADDRESS
	NO LAND		CAUSE OF DEA	ANNIE LEAS	CH 504	WYETH ST.
	DISEASES OR COND	which caused deoth.) ENT CAUSES DITIONS, if any, gi cause (A) stating	(B) JSC DUE TO, OR A	Remic Heall	L Discus	e. Years.
ATI	OTHER SIGNIFICANT CO TO THE DEATH BUT NO DISEASE OR CONDITION	NDITIONS CONTRIBUTI T RELATED TO THE TERMI GIVEN IN PART 1 (A).	ING Chron	ic alcohol		
CATIC	OTHER SIGNIFICANT CO TO THE DEATH BUT NO	NDITIONS CONTRIBUTI T RELATED TO THE TERMI GIVEN IN PART 1 (A).	. /	20A. AUTOPSY? (Yes or N	o) 20B. IF YES, WER	E FINDINGS CONSIDERED AUSES OF DEATH?
AL CERTIFICATION	OTHER SIGNIFICANT CO TO THE DEATH BUT NO DISEASE OR CONDITION	II NDITIONS CONTRIBUTI TO THE TERMI GIVEN IN PART 1 (A).  ON 198. CONDITION I WAS PERFORMED	ING Ch.Rom FOR WHICH OPERATION    21 B. PLACE OF INJURY (e.g.	20A. AUTOPSY? (Yes or N	o) 20B. IF YES, WERI IN CERTIFYING C	E FINDINGS CONSIDERED AUSES OF DEATH?
MEDICAL CERTIFICATION	OTHER SIGNIFICANT CO TO THE DEATH BUT NO DISEASE OR CONDITION 19A. DATE OF OPERATIO  21A. A CCIDENT WAS U OR CONTRIBUTING C DEATH (notily medical e	II NDITIONS CONTRIBUTI TO THE TERMI GIVEN IN PART 1 (A).  ON 198. CONDITION I WAS PERFORMED	FOR WHICH OPERATION  21B. PLACE OF INJURY (e.g., thome, form, foctory, street,	20 A. AUTOPSY? (Yes or N  No In or obout 21 C. WHERE DID office bldg., INJURY OCCUR?	o) 208, IF YES, WERI IN CERTIFYING C	AUSES OF DEATH?
MEDICAL CERTIFICATION	OTHER SIGNIFICANT CO TO THE DEATH BUT NO DISEASE OR CONDITION 19A. DATE OF OPERATIO  21A. ACCIDENT WAS U OR CONTRIBUTING O DEATH (notily medicol e 21D. TIME (Month) OF INJURY (APPROX.)  22. I certify that (I) ( that (I) (we) lost saw	NDITIONS CONTRIBUTI T RELATED TO THE TERMI GIVEN IN PART 1 (A). IN 198. CONDITION I WAS PERFORMED  LAUSE OF Examiner)  (Doy) (Year) (Hour)  this hospital) attended the deceased alive	FOR WHICH OPERATION    21B. PLACE OF INJURY (e.g. home, form, foctory, street, etc.)    21E. INJURY OCCURRED   While At   Not W. Work   At Wooded the deceosed from   2 -//6	20A. AUTOPSY? (Yes or N  No  In in or obout 21 C. WHERE DID  office bldg., INJURY OCCUR?  21F. HOW DID IN  hile  2 - //  19 7 2 ond the	O) 20B. IF YES, WERIN CERTIFYING C	AUSES OF DEATH?  ore City, give exact location?  2-16 19 72
MEDICAL CERTIFICATION	OTHER SIGNIFICANT CO TO THE DEATH BUT NO DISEASE OR CONDITION 19A. DATE OF OPERATIO  21A. ACCIDENT WAS U OR CONTRIBUTING O DEATH (notily medicol e 21D. TIME (Month) OF INJURY (APPROX.)  22. I certify that (I) ( that (I) (we) lost saw	NDITIONS CONTRIBUTI T RELATED TO THE TERMI GIVEN IN PART 1 (A). IN 198. CONDITION I WAS PERFORMED  LAUSE OF Examiner)  (Doy) (Year) (Hour)  this hospital) attended the deceased alive	FOR WHICH OPERATION    21B. PLACE OF INJURY (e.g. home, form, foctory, street, etc.)    21E. INJURY OCCURRED   While At   Not W. Work   At Wooded the deceosed from   2 -//6	20 A. AUTOPSY? (Yes or N  No In or obout 21 C. WHERE DID Office bldg., INJURY OCCUR?  21 F. HOW DID IN.	O) 20B. IF YES, WERIN CERTIFYING C	AUSES OF DEATH?  ore City, give exact location)  2-16 19 72
MEDICAL CERTIFICATION	OTHER SIGNIFICANT CO TO THE DEATH BUT NO DISEASE OR CONDITION 19A. DATE OF OPERATIO 21A. ACCIDENT WAS U OR CONTRIBUTING OF DEATH (notily medicol e 21D. TIME (Month) OF INJURY (APPROX.)  22. I certify that (I) ( that (I) (we) lost saw and hour and from the	NDITIONS CONTRIBUTI T RELATED TO THE TERMI GIVEN IN PART 1 (A). IN 198. CONDITION I WAS PERFORMED  LAUSE OF Examiner)  (Doy) (Year) (Hour)  this hospital) attended the deceased alive	ING NAL  21B. PLACE OF INJURY (e.g. home, form, foctory, street, etc.)  21E. INJURY OCCURRED  While At Not Work Work  ded the deceosed from an 2 -/(e.g. home)  ve. (I) (We) (did) (did not)	20A. AUTOPSY? (Yes or N  No n, in or obout 21 C. WHERE DID office bldg., INJURY OCCUR?  21F. HOW DID IN hile 2 - 1/ 19 72 ond the view the body ofter deoth.  thending Med. Director D	O) 20B. IF YES, WERIN CERTIFYING C	AUSES OF DEATH?  ore City, give exoct location)  2-16  19-72  pinion deoth occurred on the da
MEDICAL CERTIFICATION	OTHER SIGNIFICANT CO TO THE DEATH BUT NO DISEASE OR CONDITION 19A. DATE OF OPERATIO 21A. ACCIDENT WAS U OR CONTRIBUTING OF DEATH (notily medicol e 21D. TIME (Month) OF INJURY (APPROX.)  22. I certify that (I) ( that (I) (we) lost saw and hour and from the	NDITIONS CONTRIBUTI T RELATED TO THE TERMI GIVEN IN PART 1 (A). IN 198. CONDITION I WAS PERFORMED  LAUSE OF Examiner)  (Doy) (Year) (Hour)  this hospital) attended the deceased alive	ING NAL  21B. PLACE OF INJURY (e.g. home, form, foctory, street, etc.)  21E. INJURY OCCURRED  While At Not Work Work  ded the deceosed from an 2 -/(e.g. home)  ve. (I) (We) (did) (did not)	20A. AUTOPSY? (Yes or N  No  I, in or obout 21C. WHERE DID office bldg., 21F. HOW DID IN hile 2-// 19 72 ond to view the body ofter deoth.	O) 20B. IF YES, WERIN CERTIFYING COUR?  (If in Boltim  JURY OCCUR?  19 72 10  hot in(my) (our) of	AUSES OF DEATH?  ore City, give exoct location)  2-16  19-72  pinion deoth occurred on the da
MEDICAL CERTIFICATION	OTHER SIGNIFICANT CO TO THE DEATH BUT NO DISEASE OR CONDITION 19A. DATE OF OPERATIO 21A. ACCIDENT WAS U OR CONTRIBUTING OF CONTRIBUTION (Month) 21D. TIME (Month) 22. I certify that (I) ( that (I) (we) lost saw ond hour and from the contribution of contri	NDITIONS CONTRIBUTI T RELATED TO THE TERMI GIVEN IN PART 1 (A). IN 198. CONDITION I WAS PERFORMED  LAUSE OF Examiner)  (Doy) (Year) (Hour)  this hospital) attended the deceased alive	ING NAL  21B. PLACE OF INJURY (e.g. home, form, foctory, street, etc.)  21E. INJURY OCCURRED  While At Not Work Work  ded the deceosed from an 2 -/(e.g. home)  ve. (I) (We) (did) (did not)	20A. AUTOPSY? (Yes or N  No  I, in or obout 21C. WHERE DID office bldg., INJURY OCCUR?  21F. HOW DID IN hile 2-// 19 7Z ond to view the body ofter deoth.  Hending Med. hys.  23D. ADDRESS  UNIVERSITY	JURY OCCUR?  19 72 to hot in (my) (our) of Phys.	AUSES OF DEATH?  ore City, give exoct location)  2-16  19-72  pinion deoth occurred on the da
MEDICAL CERTIFICATION	OTHER SIGNIFICANT CO TO THE DEATH BUT NO DISEASE OR CONDITION 19A. DATE OF OPERATIO  21A. ACCIDENT WAS U OR CONTRIBUTING OF DEATH (notily medical e 21D. TIME (Month) OF INJURY (APPROX.)  22. I certify that (I) ( that (I) (we) lost saw and hour and from the 23A. SIGNATURE  23C. PHYSICIAN'S NAME (Type) HER BERT  BURIAL CREMATION, REMOVAL (Specily)  BUTIQL	II  NDITIONS CONTRIBUTI T RELATED TO THE TERMI GIVEN IN PART 1 (A).  IN 198. CONDITION I WAS PERFORMED  CAUSE OF Examines  (Doy) (Yeer) (Hour)  this hospital) attend the deceased alive the deceased olive	ING NAL  21B. PLACE OF INJURY (e.g. home, form, foctory, street, etc.)  21E. INJURY OCCURRED  While At Not W. Work  ded the deceosed from 2 -/6  ve. (I) (We) (did) (did not)  LL, A MD  DEGREE  PLOCE   20A. AUTOPSY? (Yes or N  No  I, in or obout 21C. WHERE DID office bldg., INJURY OCCUR?  21F. HOW DID IN hile 2-// 19 7Z ond to view the body ofter deoth.  Hending Med. hys.  23D. ADDRESS  UNIVERSITY	JURY OCCUR?  19 72 to hot in (my) (our) of Phys.	auses of DEATH?  ore City, give exect location)  2-16  19-72  pinion deoth occurred on the da  23B, DATE SIGNED  3-9-72	



nust be approved by the chief medical examiner or his assistant if death occurred in a hospital and	the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.	
This certificate must be app	the body was released to the shows: (1) An accident of an was D.O.A. at a hospital (edecased prior to death); ouritten approval must be of	

(	72 02592 CERTIFICA	Y HEALTH DEPARTMENT 72 02592
BI	TH NO.	
	pe or Print)	2. DATE AND HOUR OF DEATH
3.	A NITA C. GUGERTY PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceosed lived. If institution: residence before admission)  A. STATE  B. COUNTY
H	LL NAME OF OSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION	Maryland C. CITY OR TOWN D. INSIDE CITY LIMITS?
1	1 600 Palassath Page	Baltimore YES XX NO
(	1529 Ralworth Road	E. STREET AND NUMBER 1529 Ralworth Road
5.	EX 6. RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH  9. AGE (In yeors   If Under 1 Ye.   Il Under 24 Hrs.   Months   Doys   Hours   Min.
F	emale White WIDOWED DIVORCED	July 16th 1891 79
10/	. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTR)	11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY?
11	e during most of working life, even if retired)  Homemaker	
	FATHER'S NAME	Baldwin, Balto. Co. USA
	Peter J. Gugerty	Alice O'Rourke
15.	Was Deceased Ever in U. S. Armed Forces?   16. SOCIAL	17. INFORMANT ADDRESS
		1/4 1/4 1 1/4 -
	18. // CAUSE OF DEAT	Miss Margaret M. Gugerty-1529 Ralworth Rd.
	DISEASE OR CONDITION DIRECTLY	BETWEEN ONSET AND DEATH
	LEADING TO DEATH	IEE ASCID
	(This does not meon the mode of dying, e.g., heart failure, asthenio, etc. It means the disease, injury or camplication which coused death.)	A CONSEQUENCE OF:
	ANTECEDENT CAUSES	
	DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS	A CONSEQUENCE OF:
	rise to the above cause (A) staling the UNDERLYING CONDITION test. (C)	
_	11	
CERTIFICATION	DISEASE OR CONDITION GIVEN IN PART 1 (A).	Cheumatrid arthretis years
RTIFIC	19A-DATE OF OPERATION 19B CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
CAL	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in home, farm, fociory, street, of the cited)	
MEDI	21D. TIME (Month) (Doy) (Yeor) (Hour) 21E INJURY OCCURRED While AI Not While AI Work At Work	
	22. I certify that (1) (this hospital) attended the deceosed from	. 44
		19 64 to Much 19 902 19 19 19 19 19 19 19 19 19 19 19 19 19
	and hour and from the causes stated above (1) (We) (did) (did not) v	lew the bady after death.
	23A. SIGNATURE	23B, DATE SIGNED
	DECESE! Phys	
	NAME tryper	23D. ADDRESS
244	George Beck, M.D. DEGREE BURIAL CREMATION, 1248, DATE 124C, NAME of CEMETERY OF CRE	6012 Harford Rd.
- "	REMOVAL (Specify)	MATORY 24D. LOCATION (City, town, or county) (State)
25 A	Burial 3/13/72 St. Johns Com.	Hyde Long Green, Md,
	MAR 1 4 1972 Walle E. Salley K.A.	ADDRESS Mitchell-Wiedefeld Home-6500 York Rd. 21212
VS	50-REV, 1/1/68	TOTA MULETA

S. S. .e. e o 3 \_ . Els de my . amain 

### IMPORTANT DIRECTOR: FUNERAL

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH REG. NO. Such of death etermined cause; (5) Deceased I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) CATHERINE KAVANAUGH LO March 10, 1972 hospital death. 4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD attendance A. STATE contributing cause Md. FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION C CITY OR TOWN D. INSIDE CITY LIMITS? 8 0 Baltimore YES X prior E. STREET AND NUMBER 3333 N. Charles St. 3333 N. Charles St. occurred regular made 5. SEX B. DATE OF BIRTH 6. RACE 9. AGE (In years If Under 1 Yr. 7. MARRIED NEVER MARRIED deceased last birthday 12-10-1895 W WIDOWED DIVORCED 10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? Isposition done during most of warking life, even if retired) = Dud Baltimore, Md. Homemaker none Was 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME the direct 4 William Sachse Sally assistant eath LO O kind; 15. Was Deceased Ever in U. S. Armed Forces ADDRESS 17. INFORMANT 16. SOCIAL (Yes, no ar unknown) (If yes, give war ar dates of service) SECURITY NO 46 0673 Mr. Robert H. Kavanaugh 1915 Greenberry Rd. no O any CAUSE OF DEATH attenda pronounced 0 BETWEEN ONSET AND DEATH DISEASE OF CONDITION DIRECTLY of balmed LEADING TO DEATH fracture (This does not mean the mode of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF hearl foilure, osthenio, etc. It means the disease, the chief medical examiner examiner. regula injury or complication which caused death.) em ANTECEDENT CAUSES who are 4 DISEASES OR CONDITIONS, if any, DUE TO, OR AS CONSEQUENCE OF to the obove couse (A) stating the 3 physician UNDERLYING CONDITION lost. the remains Was medical burns; II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL physician DISEASE OR CONDITION GIVEN IN PART 1 (A). Body CERTIFIC 198. CONDITION FOR WHICH OPERATION 20 A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 19A. DATE OF OPERATION the 0 WAS PERFORMED before by 21 A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or about 21 C. WHERE DID (7) (If in Boltimare City, give exact location) where OR CONTRIBUTING CAUSE OF hame, farm, factory, street, affice bldg., INJURY OCCUR? hospital °N DEATH (natify medical examiner) any nature; obtained 21 D. TIME 21F. HOW DID INJURY OCCUR? (Month) (Day) (Year) (Hour) 21E, INJURY OCCURRED 9 Not While approved (except White At [ (APPROX.) and Work At Work to the 22. I certify that (1) (this heapital) attended the deceased from ( ) death); and that In (my) (or) optnian death accurred an the date pe that (1) (see) last saw the deceased alive an of 0 and haur and from the causes stated abave. (1) (We) (did) (diamet) view the bady after death. the body was released hospit must accident 23A. SIGNATURE 23B. DATE SIGNED Attending/ Atten Phys. Mad Staff 10 Director \_\_\_ Phys approval O 23C. PHYSICIAN'S 23D. ADDRESS prior at NAME (Type) An 4 shows: (1) 24A. BURIAL CREMATION, 24D. LOCATION deceased D.0. Burial (Specify) New Cathedral Cemetery Frederick Rd Balto MOS 25B. NAME OF REGISTRAR 25A. DATE REC'D BY HEALTH DEPT. 25C) FUNERAL DIRECTOR Mitchell Wiedefeld Home 6500 York Rd.

NO

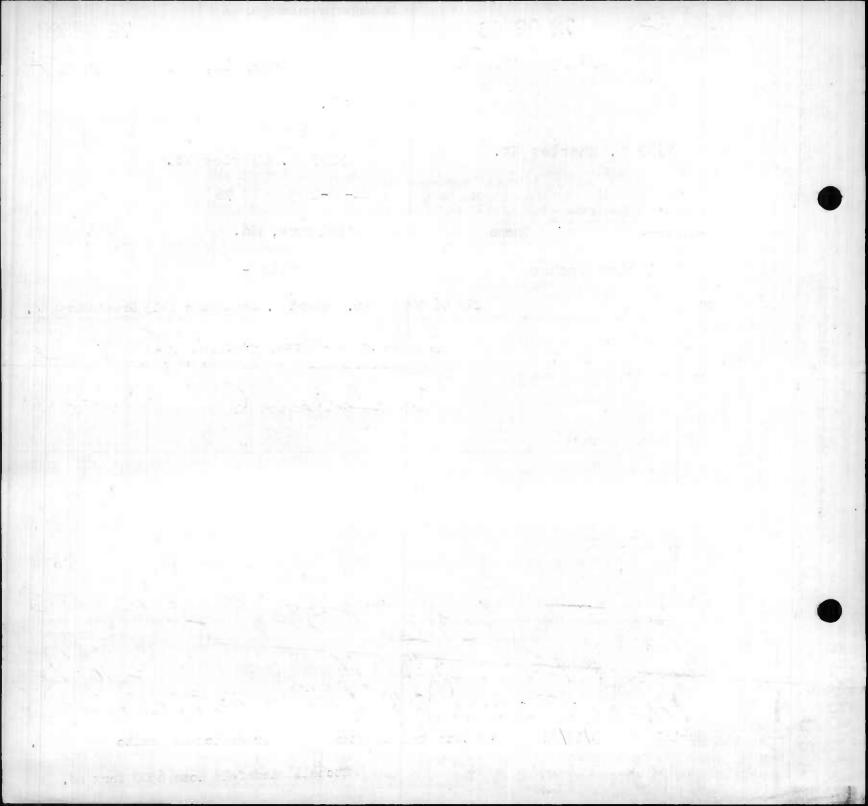
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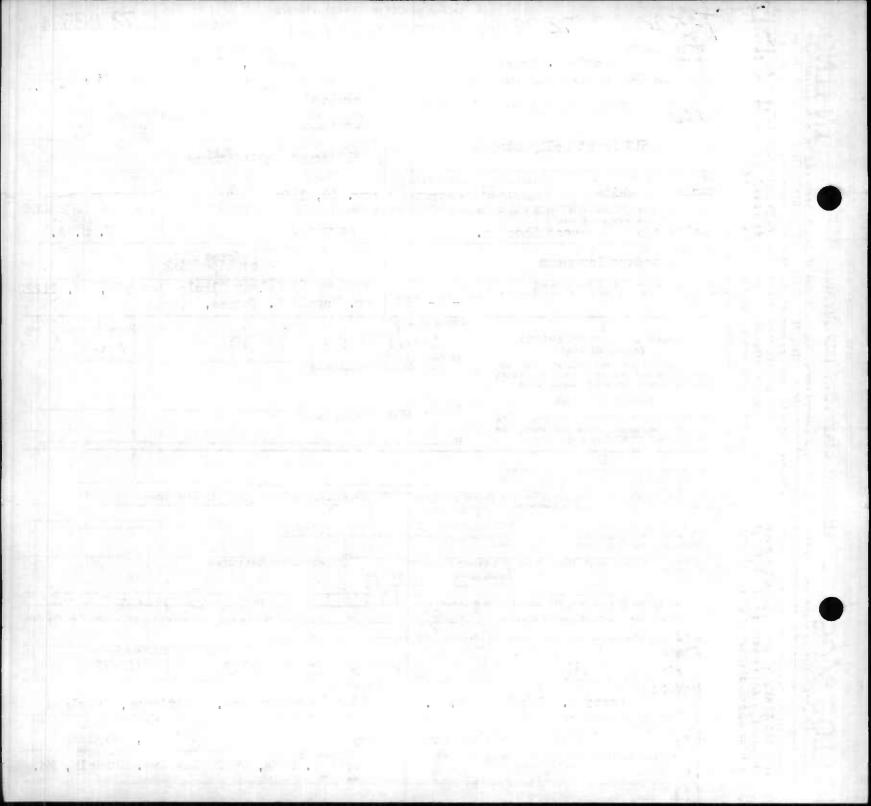
Md.

ADDRESS

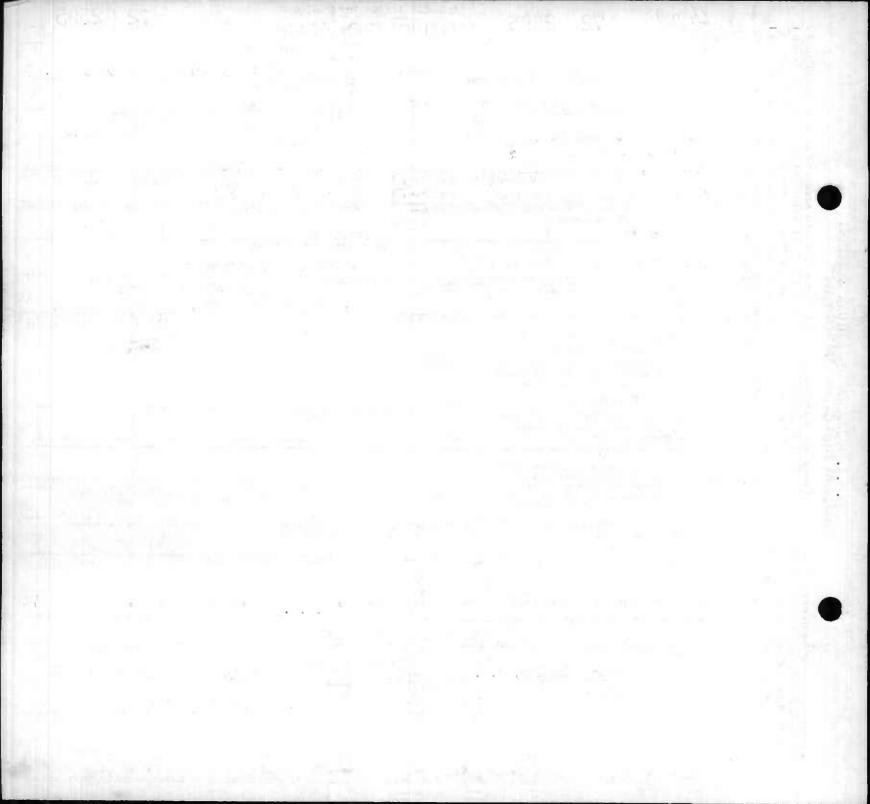


FUNERAL DIRECTOR: IMPORTANT	nust be approved by the chief medical examiner or his assistant if death occurred in a hospital and released to the hospital by a medical examiner. Also, if the direct or contributing cause of death accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased a hospital (except where the physician who pronounced death was in regular attendance on the r to death); and (6) No physician was in regular attendance on the deceased prior to death. Such val must be obtained before the remains are embalmed or final disposition is made.
•	must be approved and the leaders of any na hospital (except of any na hospital (except of death); and the obta

		- 1-1		BALTIMORE CITY	HEALTH DEPARTMENT		1mg.	0 00000
1. NA	T-520	0 72	0259	4 CERTIFICA	TE OF DEATH	REG. NO	()	2 02594
1. N (Ty)	Pe or Print)	Marie H	Thomas		2. DATE A	nd hour of death	н	M.
	PLACE IN SALT	IF NOT IN HOSPIT		JITON, GIVE STREET	A. STATE B. COU		institution: tesio	dence before odmission)  0 3 7
HC	SPITAL OR	ADDRESS OR LOCA	(TION)		c.cir or town Baltimore	D. IN	YES X	NO [
	00	517 Mount Hol	lly Stre	et	517 Mount Ho	olly Street		
	emale	White	WIDOWED		8. DATE OF BIRTH Nov. 10, 1895	9. AGE (in years lost birthday) 76	tf Under 1 Months D	
don	Salesla	rocking life, even <b>If retired</b> ) dy Hess	Shoe C		Maryland		12, CITIZEI	U. S. A.
13.	FATHER'S NAM	odore Fangman	n		14. MOTHER'S MAIDEN NA	ме Josephine Fi	ink	
15. (Ye	Wee Deceased s, no or unknown) No	Ever in U. S. Armed For lif yes, give war or date	ces? s of service)	218-01-4199	Mr. Donald H.	lmar Circle Thomas, (	Dunda Son)	PRESSMd. 2122
	heart failure, injury or com	ot mean the mode of asthenia, etc. It means plication which caused	the disease, death.)	DUE TO, OR AS	A CONSEQUENCE OF:			
	DISEASES O	R CONDITIONS, If above cause (A) CONDITION last.		(6)(C)	S A CONSEQUENCE OF:			
ICATION	DISEASES OF THE UNDERLYING OTHER SIGNIFT TO THE DEATH DISEASE OF CO	PR CONDITIONS, If of bove cause (A) of CONDITION last.  IS CANT CONDITIONS CO. H BUT NOT RELATED TO	NTRIBUTING HE TERMINAL T 1 (A). DITION FOR Y	(c)	20A-AUTOPSY? (Yes or I	No) 208, IP YES, WER	E FINDINGS C	ONSIDERED
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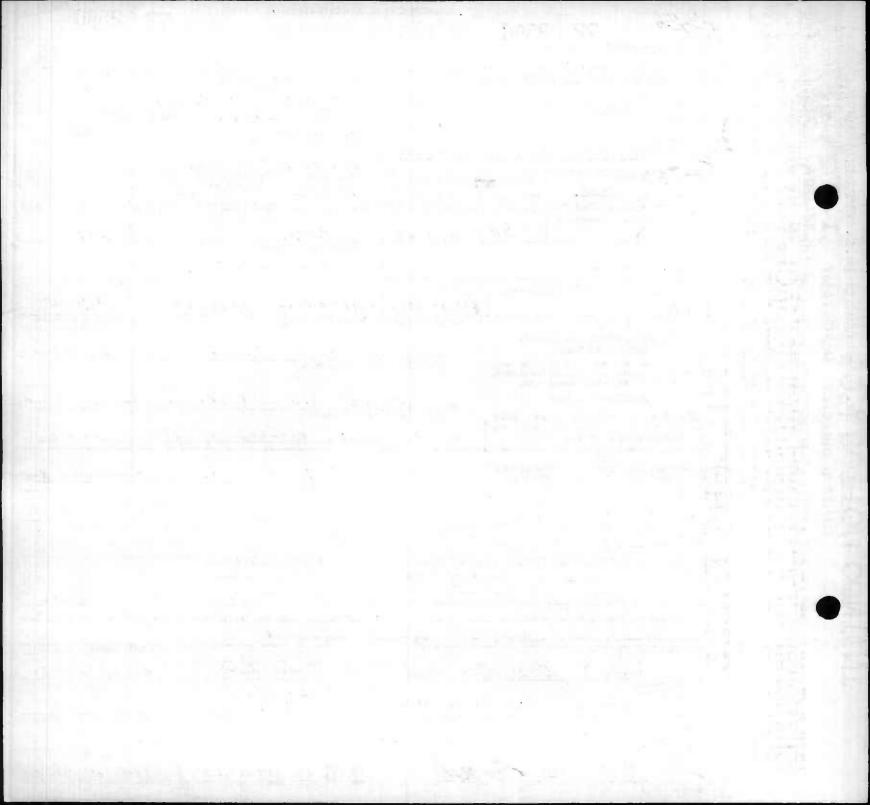
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FULL NAME HOSPITAL OR	ADDRESS OR LOC	TAL OR INSTITUTION, GIVENION)	C.CI	ry and	Baltimore	. INSIDE CITY LIM	П5?
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Jone Guring mos	of working life, even if retired)	100	G.	-+7			USA
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			17 15	ANNIE	11/11/11/11	114	DDRESS
	sed Ever in U. S. Armed Fa own) (II yes, give war or dat	es of servicel SECU	RITY NO.		4940 East	ern Avenue	)
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DIS	EASE OR CONDITION D	RECTLY		Cardia	+	176	f 41 1
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Heart fails Injury or DISEASES dise to UNDERLY OTHER SIG TO THE DISEASE OF TOTHER DISEASE OF TOTHE DEATH (APPROX.)  21A. ACCO OR CONTINUE OF INJUR (APPROX.)  22a. I cert that (I) (and hour 23A. SIGN NAM)	ANTECEDENT CAUSE: OR CONDITIONS, if the above cause (A) ing CONDITION fact.  ING CONDITION fact.  ING CONDITION fact.  INIFICANT CONDITION SC.  RECONDITION GIVEN IN PA OF OPERATION 198 CON WAS PEL  DENT WAS UNDERLYING INFO MAS PEL  CALL (Specify) 1248. DATE  CREMATION, 1248. DATE  OF CREMATION, 1248. DATE  CREMATION, 1248. DATE  OF CREMATION, 1248. DATE  CREMATION, 1248. DATE  OF CREMATION, 1248. DATE	dying, e.g., the disease, dideoth.)  S any, giving stating the (C)  ONTRIBUTING THE TERMINAL RT 1 (A).  NOTION FOR WHICH OF RFORMED  218, FLACE Ohome, farm, feet)  (House 218, FLACE Ower, feet)  While At Work  water ded alive on the decease and alive on the decease a	DUE TO, OR AS A CON  DUE TO, OR AS A CON  PERATION  FINJURY I.a.g., in or of octory, street, office bit  DCCURRED  Not While At Work  Bed from Match  id) (did not) view f  Attending Phys.  DEGREE 1.91.  EMETERY of CREMATE	SEQUENCE OF:  NSEQUENCE OF:  NSEQUENCE OF:  NO  OUT 21 C. WHERE DID  21 F. HOW DID  21 F. HOW DID  21 F. HOW DID  And  Director  DDRESS  Baltimor  O Eastern A  24 D	No. 208. IF YES. IN CERTIFYING IN CERTIFYING II In BO  NJURY OCCUR?  19 72 to that In (my) (out he  Country Hospital Balt Location  BALTO	March 9, opinion death  238. DATE Marc  (City, town, or	occurred signed
Heart fails Injury or DISEASES dise to UNDERLY OTHER SIG TO THE DISEASE OF TOTHER DISEASE OF TOTHE DEATH (no DEATH (	ANTECEDENT CAUSE:  OR CONDITIONS, if the above cause (A) ING CONDITION lost.  ING CONDITION SC.  EATH BUT NOT RELATED TO: RECONDITION GIVEN IN PA OF OPERATION IPS. CO.  CITY WAS UNDERLYING RIBUTING CAUSE OF Oblify medical examined  (Month) (Doy) (Year  WAS PEI  ING CONDITION SC.  CAUSE OF Oblify medical examined  ING CONDITION SC.  CAUSE OF Oblify medical examined  CAUSE OF  CAUSE OF  CAUSE OF  CITY WAS UNDERLYING CAUSE OF Oblify medical examined  CAUSE OF  CAUSE OF  CITY WAS UNDERLYING CAUSE OF Oblify medical examined  CAUSE OF  CAUSE OF  COLOR SC.  COLO	dying, e.g., a the disease, dideath.)  S any, giving stating the (C)  ONTRIBUTING THE TERMINAL RT 1 (A). NOTION FOR WHICH OF A CONTRIBUTION FO	DUE TO, OR AS A CON  DUE TO, OR AS A CON  PERATION  FINJURY I.a.g., in or of octory, street, office bit  DCCURRED  Not While At Work  Bed from Match  id) (did not) view f  Attending Phys.  DEGREE 1.91.  EMETERY of CREMATE	SEQUENCE OF:  NSEQUENCE OF:  NSEQUENCE OF:  NO  OUT 21 C. WHERE DID  21 F. HOW DID  21 F. HOW DID  21 F. HOW DID  DORESS  Baltimor  O Eastern A  OC. JUNERAL DIRECT	No. 208. IF YES. IN CERTIFYING IN CERTIFYING II In BO  NJURY OCCUR?  19 72 to that In (my) (out he  Country Hospital Balt Location  BALTO OR	March 9, opinion death  238, DATE  March  (City, town, or	occurred signed
Heart fails Injury or DISEASES dise to UNDERLY OTHER SIG TO THE DISEASE OF TOTHER DISEASE OF TOTHE DEATH (APPROX.)  21A. ACCO OR CONTINUE OF INJUR (APPROX.)  22a. I cert that (I) (and hour 23A. SIGN NAM)	ANTECEDENT CAUSE:  OR CONDITIONS, if the above cause (A) ING CONDITION lost.  ING CONDITION SC.  EATH BUT NOT RELATED TO: RECONDITION GIVEN IN PA OF OPERATION IPS. CO.  CITY WAS UNDERLYING RIBUTING CAUSE OF Oblify medical examined  (Month) (Doy) (Year  WAS PEI  ING CONDITION SC.  CAUSE OF Oblify medical examined  ING CONDITION SC.  CAUSE OF Oblify medical examined  CAUSE OF  CAUSE OF  CAUSE OF  CITY WAS UNDERLYING CAUSE OF Oblify medical examined  CAUSE OF  CAUSE OF  CITY WAS UNDERLYING CAUSE OF Oblify medical examined  CAUSE OF  CAUSE OF  COLOR SC.  COLO	dying, e.g., a the disease, dideath.)  S any, giving stating the (C)  ONTRIBUTING THE TERMINAL RT 1 (A). NOTION FOR WHICH OF A CONTRIBUTION FO	DUE TO, OR AS A CON  DUE TO, OR AS A CON  PERATION  FINJURY I.a.g., in or of octory, street, office bit  DCCURRED  Not While At Work  Bed from Match  id) (did not) view f  Attending Phys.  DEGREE 1.91.  EMETERY of CREMATE	SEQUENCE OF:  NSEQUENCE OF:  NSEQUENCE OF:  NO  OUT 21 C. WHERE DID  21 F. HOW DID  21 F. HOW DID  21 F. HOW DID  DORESS  Baltimor  O Eastern A  OC. JUNERAL DIRECT	No. 208. IF YES. IN CERTIFYING IN CERTIFYING II In BO  NJURY OCCUR?  19 72 to that In (my) (out he  Country Hospital Balt Location  BALTO	March 9, opinion death  238, DATE  March  (City, town, or	occurred signed
heart fails Injury or Inju	ANTECEDENT CAUSE:  OR CONDITIONS, if the above cause (A) ING CONDITION fost.  ING CONDITION fost.  ING CONDITION fost.  ING CONDITION GOVERN IN PA OF OPERATION IPP. CONDITION GIVEN IN PA OF OPERATION IPP. CONDITION GOVERN GOVE	dying, e.g., the disease, dideoth.)  S any, giving stating the (C)  ONTRIBUTING THE TERMINAL RT 1 (A).  NOTION FOR WHICH OF RFORMED  218, FLACE Ohome, farm, feet)  (House 218, FLACE Ower, feet)  While At Work  water ded alive on the decease and alive on the decease a	DUE TO, OR AS A CON  DUE TO, OR AS A CON  PERATION  FINJURY I.a.g., in or of octory, street, office bit  DCCURRED  Not While At Work  Bed from Match  id) (did not) view f  Attending Phys.  DEGREE 1.91.  EMETERY of CREMATE	SEQUENCE OF:  NSEQUENCE OF:  NSEQUENCE OF:  NO  OUT 21 C. WHERE DID  21 F. HOW DID  21 F. HOW DID  21 F. HOW DID  DORESS  Baltimor  O Eastern A  OC. JUNERAL DIRECT	No. 208. IF YES. IN CERTIFYING IN CERTIFYING II In BO  NJURY OCCUR?  19 72 to that In (my) (out he  Country Hospital Balt Location  BALTO OR	March 9, opinion death  238, DATE  March  (City, town, or	occurred signed



RELEASED NON-MED BY DR. LIPKOVIC OF M.E. OFFICE

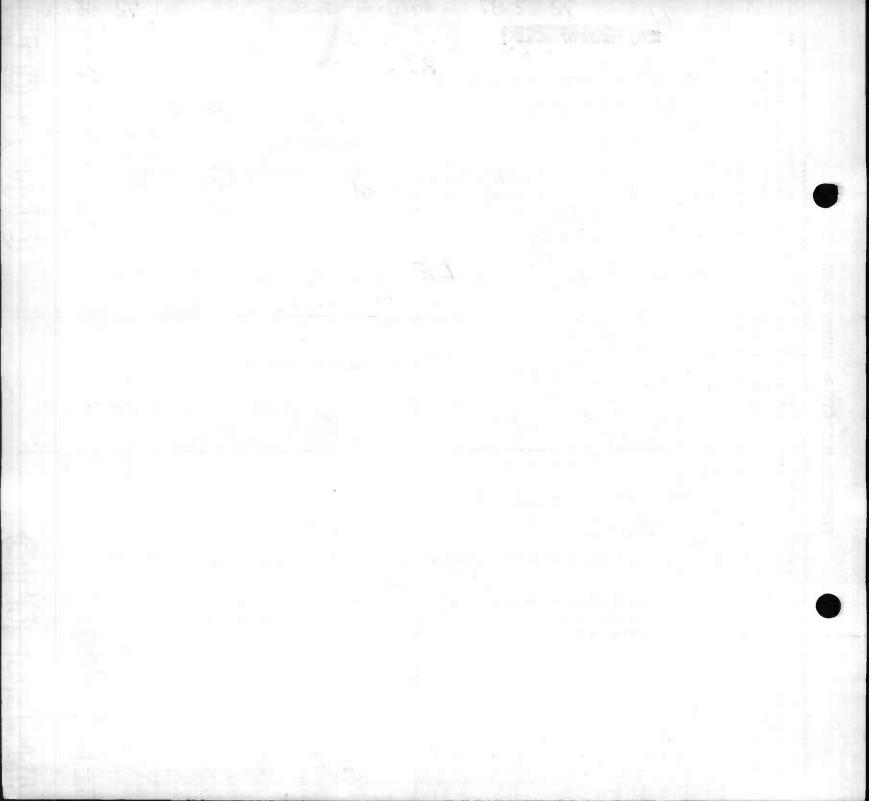
was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This corrificate must be approved by the chief medical examiner or his assistant if death occurred in a Rospital, and the body was released to the hospital by a medical examiner. Also, if the direct on contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased FUNERAL DIRECTOR: IMPORTANT

BALTIMORE C	CITY HEALTH DEPARTMENT
MICH NO.	CATE OF DEATH TREG. NO. 72 02596
Type or Print Kellner, Herry Jeorge J.	2. DATE AND HOUR OF DEATH  March 10 1572 7 A M.  4. USUAL RESIDENCE (Where deceased lived. Il institution: fesidence before admission)  8. COUNTY
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, II institution: fesidence before admission) A. STATE B. COUNTY
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	Maryland Baltimore 5
HOSPITAL OR ADDRESS OR LOCATION)	C. CITY OR TOWN ESSEX D. INSIDE CITY LIMITS?
	Baltimore YES NOK
3 3 The Johns Hopkins Hospital	306 Sassafras Road
Male Cauc. WIDOWED DIVORCED	= 1 7/12/21   last unmody 50   10013; 10013; 10013;
IOA, USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUS	STRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
SHIP BUILDET	$e \mid mp \mid USA$
3. FATHER'S NAME	14 MOTHER'S MAIDEN NAME
Perce Kellner	Madeline Dorn
5. Wes Decessed Ever in U. S. Armed Ferces?  16. SOCIAL SECULITY NO.	17. INFORMANT ADDRESS
Yes, no or unknown) (If yes, give war or doles of service)  SECURITY NO.  218-14-585	SZ CATHERINE KELLNER ABOUT
18. CAUSE OF DI	EATH APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY	BETWEEN ONSET AND DEATH
LEADING TO DEATH	CAUSE Sight Short 60 hours RAS A CONSEQUENCE OF:
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	AS A CONSEQUENCE OF:
injury or complication which caused death.)	
ANTECEDENT CAUSES	nultiple abdominal abscures rangeone 3 week
DISEASES OR CONDITIONS, if any, giving DUE TO, OF	R AS A CONSEQUENCE OF:
inse to the above cause (A) stating the UNDERLYING CONDITION last.	rastomotic brechdown of colon 3 week
10	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	renel feeilure, Degrassed bom morrow zwee
19A-DATE OF OPERATION 119% CONDITION FOR WHICH OPERATION	20A AUTOPSYS (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
feb 8, 1972 Signoid Cancel	Tes No
U 121 A. ACCIDENT WAS UNDERLYING 7 1218. PLACE OF INJURY (e	e.g., in or obout 21 C. WHERE DID of office bidg. INJURY OCCUR?  (If In Boltimore City, give exact lacotion)
D 21D. TIME (Month) (Day) (Yeek) (Hour 21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
	While D
22. I certify that (1) (this hospital) attended the deceased from	VOIK based
	/ 1972 and that In(my) (our) opinion death accurred on the date
and hour and from the causes stated above. (1) (We) (did) (did no	of) view the body after death.
23A. SIGNATURE	23B, DATE SIGNED
Say S. Meettor Medica	Attending   Med.   Stoff Phys.   March 10, 1872
23C-PHYSICIAMS NAME-Typel	23D. ADDRESS Johns Hospins Hospital
TAY E- MENITOVE MO DEC 24A. BURIAL CREMATION, 24B. DATE   24C. NAME of CEMETERY OF	GREE BOLY ML CREMATORY   24D. LOCATION (City, town, or county)   15tate)
BURIAL 3/13/12 MEADOWRID	BALTO MO.
25A. DATE REC'D BY HEALTH DEPT.  MAR 1 4 1972 SB & L TO BE A CO O	OF CO MINELLY 300 MACE
VE 150 PEV 1/1/40	



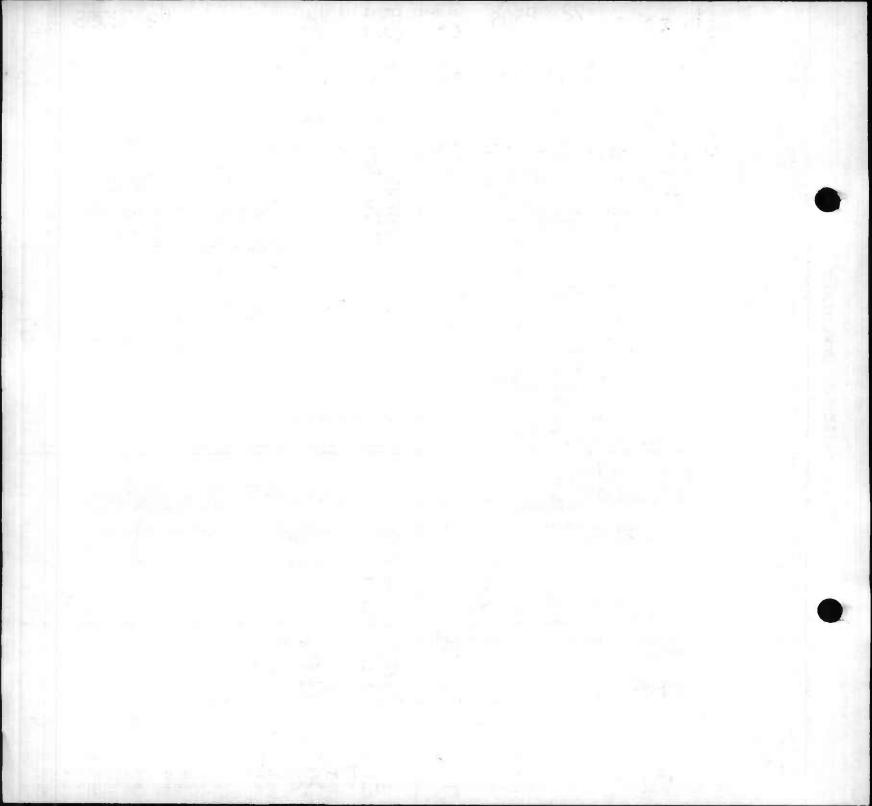
the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and IMPORTANT FUNERAL DIRECTOR:

C 261	72 023	97 BALTIMOR	E CITY HE	ALTH DEPARTMENT		72	02597
BIRTH NO.		CERTIF	ICATI	OF DEATH	REG. NO		
1. NAME OF DECEASED	ALL	W. STR	UBL	E 2. DATE A	NO HOUR OF DEATH		
ED	GAB S	TRUBI	=+	SR. 3	19 172		445 Pm.
3. PLACE IN BALTIMORE,	MARYLAND, WHERE PR	ONOUNCED DEAD	4. A.	USUAL RESIDENCE (Wh.	ere deceased lived. If in	stitution: lesid	dence before admission)
FULL NAME OF (IF HOSPITAL OR AD INSTITUTION	NOT IN HOSPITAL OR II	ASTITUTION, GIVE STRE	11-	50	BALT	-0.	5300
Νοιτυτπενι		1	C.	CITY OR TOWN	SSEX D. INSI	IDE CITY LIMIT	ente.
PCHUDO	HHOME	21405	E.	STREET AND NUMBER	120	YES	NO L
		+ 14 0 2	1	SYDIHE	= DRAI	DR	21220
5. SEX 6. RACE	7- MAR	NEVER MARRI	ED   8. I	DATE OF BIRTH	9. AGE (In years last bighday)	Il Under 1 Months: Do	
TO USUAL OCCUPATION	4   C WIDO			119/08	1 / 3		
done during most al working life	e, even if retired)	D OF BUSINESS OK IN	DOSIKI II.	BIRTHPLACE (Slate or for	eign country)	12. CITIZEN	OF WHAT COUNTRY?
13. FATHER'S NAME	JORKER		114	TA		U	SA
1 / / 6 10	OTO	. 71-	140	MOTHER'S MAIDEN NA	ME		
15. Was Deceased Ever in	J. S. Armed Forces?	U 15 E	117	INFORMANT	LAP	1613	SCE
(Yas, no ar unknown) (If yes,	giva war or dates of serv	SECURITY NO			- 0 00		DDRESS
18. // 0 /		CAUSE OF	DEATH	HELEN	STRUBEL		APPROXIMATE INTERVAL
1 900(1)	ONDITION DIRECTLY	0,,001		0 0 1			WEEN ONSET AND DEATH
	G TO DEATH	(A)IMMEDIA	ATE CAUSE	(a of f	line	2	2-3 4.
heart failure, asthenia	the mode of dying, etc. It means the disc	e.g., DUE TO,	OR AS A CO	NSEQUENCE OF:	0		0
	which caused death.) DENT CAUSES	1/ -	10:	1 1.	175	1	
	DITIONS, if any, gi	ving (B) DUE TO,	OR AS A C	ONSEQUENCE OF:	tasfall c		z-suyes
tise to the above	cause (A) staling	the	-	udeplusto	Justing		
	11	(c)			1 - F		***************************************
O THER SIGNIFICANT CO	NOTIONS CONTRIBUTI	NG					
OISEASE OR CONDITION	OT RELATED TO THE TERMIT N GIVEN IN PART 1 (A). ON 198 CONDITION F	***************************************		201			
OTHER SIGNIFICANT CO TO THE DEATH BUT NO DISEASE OR CONDITION 19A. DATE OF OPERATION 21A. ACCIDENT WAS	WAS PERFORMED	OR WHICH OPERATION	·	20A. AUTOPSY? (Yes ar N	O) 208. IF YES, WERE F	JSES OF DEA	NSIDERED ATH?
OR CONTRIBUTING	UNDERLYING T	218 PLACE OF INJURY	r (e.g., in ar	about 21C. WHERE DID	(If In Baltimare	a City, give ex	ract lacation)
■ <  DEATH (notily medical	examined	elc.)	reet amca	bldg. INJURY OCCUR?			
OF INJURY (Month)	(Day) (Year) (Haur)	21E INJURY OCCURRI	ED	21F. HOW DID IN	URY OCCUR?		
(APPROX.)			Work _				
	(this hospital) attend		2		19 <u>72 to 3</u>	19	19.72
that (1) (we) last so	v the deceased alive	on 3/9	*****	19.72 ond th	nat in (my) (our) opin	ion death c	occurred on the dote
	e causes stated abov	e. (1) (We) (did) (did-	not) view	the body after death.			
23A SIGNATURE	and of	71:	Attending	Med.	SI-II NO	23B DATE SI	IGNED /
23C. PHYSICIAN'S	U. HUU	2	Pays.	L Director L	Shoff Phys.	3/9	172
NAME (Typel	10 11 11		230.	ADDRESS			
24A. BURIAL CREMATION.	24B. DATE  24	C. NAME OF CEMETERY	OF CREMA	TORY 124D. 1	OCATION (City	v town or a	(51-1-1
BURIAL	311	OAK LAU	1 11	270. 6	ROLETA	y, lown, or co	ounty) (State)
25A. DATE REC'D BY HEAL	/ / -			25GAFUNERAL DIRECTOR	DHLIO.	140	ADDRESS
MAR 1 4 1972	Robert & Fail	See AS	Majora,	J. G. CON	NELLY		MACE
VS 150-REV. 1/1/68							



the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

1-50	25 72	2598	BALTIMORE CITY	HEALTH DEPARTMENT	REG. NO.	72 02598
BIRTH NO.	CFASED @		CERTIFICA	TE OF DEATH	ID HOUR OF DEATH	
ANN!	E (ANNA) B	EIL	JOHNSON	3-	13.72	1 5.20 a.
3. PLACE IN BA		HERE PRONO	UTION, GIVE STREET	HARYLAND		stitution: residence before admission
NSTITUTION				BALTIKO RE	D. INSI	DE CITY LIMITS?
uMION	MEHO RIA	17 NO.	SPITAL	E. STREET AND NUMBER 2404 GUIL	FORD A	YE
F	6. RACE	7- MARRIED	NEVER MARRIED DIVORCED	8. DATE OF BIRTH 4-18-1919	9. AGE (In years last birthday)	Months Doys Hours Min.
Domesti	working life, even if retired)	10B, KIND OF	BUSINESS OR INDUSTRE	11. BIRTHPLACE (State or forei	gn country)	12. CITIZEN OF WHAT COUNTR
& FATHER'S NA	ME			14. MOTHER'S MAIDEN NA	ME	
JOHN	1 NORRIS			SARAH BR	MW	
5. Was Decease les, no or unknow	d Ever in U. S. Armed For	es? s of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
			216-28-6247	ETTA COLBI	ERT	SAHE
18.4	77.21/		CAUSE OF DEAT	Á	·	APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT
DISEA	SE OR CONDITION DIR	ECTLY		Carroliac	ama I	BETWEEN ONSET AND DEAT
(This does	not mean the mode of	dvina ea	(A) IMMEDIATE CAU	SE	W11251	**********
heart failure,	asthenia, etc. it means	the disease,	DUE TO, OR AS	A CONSEQUENCE OF:		
1 ' '	mplication which caused	death.)				
	ANTECEDENT CAUSES	555 1243	(B)	-	*****	
rise to th	OR CONDITIONS, if a above cause (A)		DUE TO, OR AS	A CONSEQUENCE OF:		
UNDERLYIN	G CONDITION last.		(C)	***************************************		
OTHER SIGNI	FICANT CONDITIONS CONTINUES TO THE	IE TERMINAL			2017-00-00-00-0	
OTHER SIGNI TO THE DEA DISEASE OR O 19A. DATE O	F OPERATION 198 CONI WAS PERF	DITION FOR V	VHICH OPERATION	20A. AUTOPST? (Yes or No	208, IF TES, WERE F	INDINGS CONSIDERED USES OF DEATH?
OR CONTRIB	NT WAS UNDERLYING UTING CAUSE OF	218, hom elc.)	e, form, foctory, street, of	or about 21C. WHERE DID	(If In Baltimore	City, give exact lacation)
21D. TIME OF INJURY	(Month) (Day) (Year)		INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
(APPROX)		Whi	le At Nat While			
22. I certify	that (i) (this hospital)	attended th	e deceased from	3-12	9 72 to 3	3-13 197
	last saw the decease		3 - /3	19 /2 ond the	ot in(my) (our) opin	tion death occurred on the dat
and have an	d from the causes state	ed abave. (i	(We) (did) (did not) v	lew the bady after death.		
23A. SIGNATI		2 1	75-			23B, DATE SIGNED
	ucceim.	alder	DEGREE Phys	nding Med.	Stoff Phys.	3-13-72
23C. PHYSICIA NAME (	TUAN	M. C.		23D. ADDRESS	UH4	
4A. BURIAL CRE	MATION, 24B, DATE	24G, NA	ME of CEMETERT OF CRE	MATORT 24D. LC	CATION (City	y, town, at county) (State)
Bunal	3-16-7	2 MH	AUBURN C	EM. BA	LTO. MD	
1	BY HEALTH DEPT.	258 NAME O	F REGISTRAR	25C FUNERAL DERECTOR	acu Gas	ADDRESS
P. LIHW	DIL MARKED C	, VINCECE C		VINCITAR	CH 728 E	NORTH AVE
\$ 150-REV. 1/1/	65					



45 64 1	BIRTH	-556	72	025	99			OF DEATH	REG. NO	D	72 025	99
deat cease on th		ME OF DECI		AS	TIH	Herrs		2. DATE A	NO HOUR OF DE	ATH	1.20	AA
(5) Dec ance of death.	FULL	NAME OF	(IF NOT IN I	ND, WHERE	PRONOU		A. STA	AL RESIDENCE (Wh	ere deceased lived NTY	. If institution	residence before ad	missian)
in a h ng cause cause; ( attendo	INST	TUTION OR	HE40R	LOCATION			C. CITY	PLT 140RE	D.	INSIDE CITY YES		
ar a de.							22		CALVER		REET	
ntrib rrmin egule ased	5. SE	m	6. RACE	WID	OWED	NEVER MARRIED DIVORCED	7 10	-05-09	9. AGE (In years lost birthdoy)	2 If Uni	ler 1 Yr. If Under Days Haurs	24 Hrs. Min.
or co ndete s in r dece	done o	furing most of w	PATION (Give kind rorking life, even if n	of work 108, K1	IND OF I	BUSINESS OR INDU:	TRY 11. BIRT	HPLACE (Slote or lone CEOR	-		MERICH OF WHAT CO	
(4) U (4) U the ispos		FKIA	H V/	MHO	Ne			TTA W	ME 1661A	en s		
the directions of final directions on the directions on the directions on the directions of the direction of the dire	15, W	s Deceased	Ever in U. S. Arm (II yes, give war	ed Forces?	11	6. SOCIAL SECURITY NO.	17. INFO	AURA	STANC	IEL	ADDRESS SAH	E
his ass lso, if t of any unced tendan	11	DISEAS	OR CONDITIO	N DIRECTLY	r	CAUSE OF DI	ATH				APPROXIMATE INT	ERVAL D DEATH
onou almet	C	This does no	EADING TO DE I mean the mo- isthenia, etc. It r	de of dving	e.g.,	(A) IMMEDIATE DUE TO, OR	AS A CONSE	APDIAC	ARRI	EST-	•	) de la com
act act	i	ujnih ot comi	lication which c	aused death.	)	REI	AL	INSUFF	PIEN	ey		
l exami (3) A francian who in reginal in reginal	n	se la the	CONDITIONS, above cause CONDITION las	(A) stating	giving g the	(c) PRO	AS A CONS BAB	INSUFF EQUENCE OF: LE TB	c			
medical medical burns; physician was an was	ATTON	O THE DEATH	CANT CONDITION BUT NOT RELATED ENDITION GIVEN I	TO THE TERM	AINAL	******************************						
chiet Body the l ysicie			OPERATION 198		FOR WH	HICH OPERATION	20 A.	AUTOPST? (Yes or N	IN CERTIFYING	CAUSES OF	S CONSIDERED DEATH?	
y the ital by e; (2) here No ph befor		A ACCIDEN R CONTRIBUT EATH (notify	T WAS UNDERLY ING CAUSE O medical examines	ING [	218, P home, etc.)	LACE OF INJURY le. lonn, foctory, street	office bldg.	21C. WHERE DID	(if in Bo	Illmore Cily, g	ve exact location)	
hospital nature; ( ept whe d (6) No ained be	= 0	PPROXI	[Month] [Doy]	Year) [Hous		AT Not Not W	/hile	215. HOW DID IN	IURY OCCUR?			
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at to	a		fram the cause:			(We) (d1d) (did na		bady after death.				ne date
must eleas ccider a hosp to de			uan M.	Calq	certes		Attending [	Med. Director	Staff Phys.		-12-72	
was r y was r 1) An a 1.A. at d prior		NAME (Ty	₹UF	IN H.		ALDERON	REE	UR	elt			
Dod D.O ass	-77	REMOVAL (Sp	ATION, 248, DA			AE of CEMETERY of	Cem	. Bo	ocation Tto Md			itale)
This certhe bod shows: was D.C decease written	N	AR 15	1972 Pag	25B. N		AC A		FUNERAL DIRECTOR	rech 90	28E1	ADDRESS YORTH A	i KE

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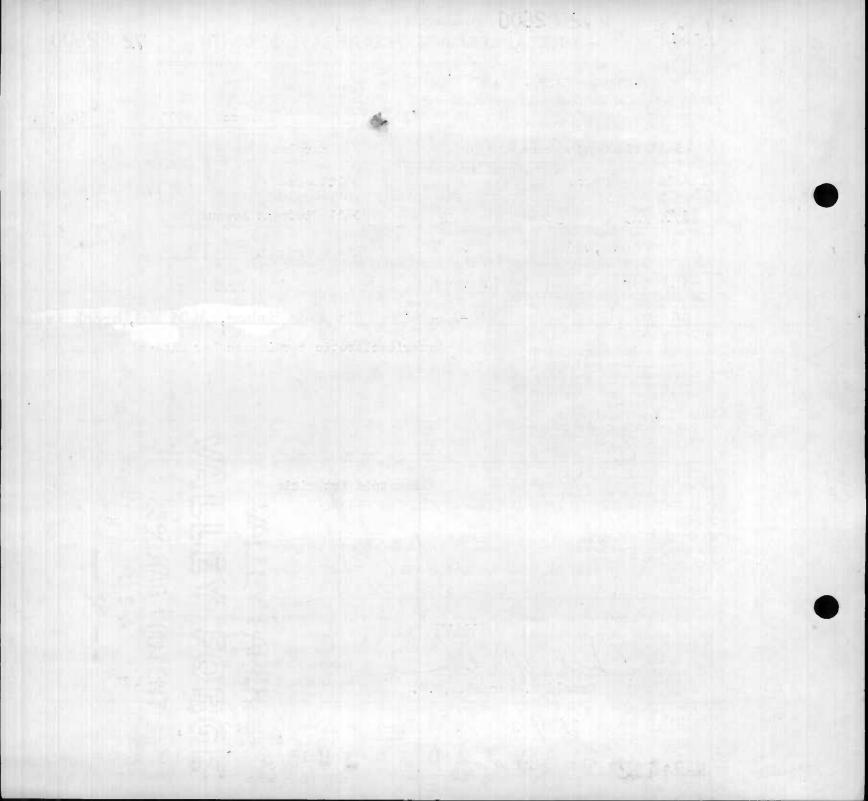
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TRANSPORT OFFICE AS

AEI INSOFF PERENCY

ype or Print)	REBECCA	LAKE	(Wright)	OF	nown     stimoted	Month	Doy	Yeor	Hour
ULL NAME OF OSPITAL	(IF NOT IN		RONOUNCED DEAD STITUTION, GIVE STREET	3. DATE PRONOUNCE	D DEAD	Month March	8,1972	Yeor	10:00A
RINSTITUTION	Piedmont		Programme of the Control of the Cont	5. USUAL RESIDE A. STATE Ma	ryland		ed. If institution B. COUNTY	n: residence b	
sex Female	7. RACE Negr	0	RIED NEVER MARRIED DIVORCED DI	c. city or tow Baltim			D. INSIDE CI		No 🗆
DATE OF BIRT		AGE (In years t birthday)	If Under 1 Yr. If Under 24 Hrs. Months, Doys, Hours, Min.		NUMBER iedmont	Avenu			
	Stote or foreign contown, A		12. CITIZEN OF WHAT COUNTRY?	James					
	working life, even if		Church		AAIDEN NA				
. WAS DECEAS	SED EVER IN U.S.		S? 17. SOCIAL	IB. INFORMANT			Al	DDRESS	00 1 3
19.4/	2 Chee		CAUSE OF DEA		rs_			BETW	PROXIMATE INTERVALEEN ONSET AND DEA
	SE OR CONDITIO		Altelic	sclerotic					
(This does not heart failure injury or could be considered as a constant of the constant of th	LEADING TO DE not meon the mode, osthenio, etc. It m mplicotion which co  NTECEDENT CAL  OR CONDITIONS E ABOVE CAUSE NG CONDITION  II  NIFICANT CONDITI	de of dying, e.g., eleans the discose, oused deoth.)  JSES S, IF ANY, GIVING (A) STATING THE LAST.	(A) IMMEDIATE DUE TO, OR  (B) DUE TO, OR  (C)	CAUSE AS A CONSEQUENCE AS A CONSEQUENCE	CE OF:				•
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(This does research foilures injury or continues of the c	LEADING TO DE not meon the mode, osthenio, etc. It m mplicotion which co  NTECEDENT CAL  OR CONDITIONS E ABOVE CAUSE NG CONDITION  II  NIFICANT CONDITI  ATH BUT NOT REL.  R CONDITION 20  F OPERATION 20  RNAL CAUSE WAS  G OR CONTRIB	de of dying, e.g., eons the disease, ensed deoth.)  JSES 5, IF ANY, GIVING (A) STATING THE LAST.  HONS CONTRIBUTATED TO THE TERM EN IN PART 1 (A)  OB. CONDITION	(A) IMMEDIATE DUE TO, OR  (B) DUE TO, OR  (C) Rheuma	AS A CONSEQUENCE  AS A CONSEQUENCE  AS A CONSEQUENCE  L'OID Arthr  (AS PERFORMED	CE OF:			21. AUTO	
(This does of heart foilure injury or continued in the co	LEADING TO DE not meon the mode, osthenio, etc. It momplication which control of the mode, osthenio, etc. It momplication which control of the mode, osthenion which conditions and the mode, osthenion of the mode, osthenion of the mode, osthenion of the mode, osthenion of the mode, osthenion osth	de of dying, e.g., eons the disease, ensed deoth.)  JSES 5, IF ANY, GIVING (A) STATING THE LAST.  HONS CONTRIBUTATED TO THE TERM EN IN PART 1 (A)  OB. CONDITION	(A) IMMEDIATE DUE TO, OR  (B) DUE TO, OR  (C) COMMEDIATE OF INJURY (e.g. home, form, foctory, street, officially occurred while AT NO	AS A CONSEQUENCE  AS A CONSEQU	CE OF:	(If in Boltimor	re City, give exc	21. AUTO	
(This does of heart foilure injury or continued in the co	LEADING TO DE not meon the mode, osthenio, etc. It momplication which converges to the convergence of the co	de of dying, e.g., leons the discose, lossed deoth.)  JSES 5, IF ANY, GIVING (A) STATING THE LAST.  HONS CONTRIBUATED TO THE TERM EN IN PART 1 (A)  OB. CONDITION  (Year) (Hou	(A) IMMEDIATE DUE TO, OR  (B) DUE TO, OR  (C) COMMEDIATE OF INJURY (e.g. home, form, foctory, street, officery) 22E. INJURY OCCURRED WHILE AT NO WORK AT NO WORK AT NO AT	AS A CONSEQUENCE  AS A CONSEQU	CE OF:  CITIS  WHERE DID  Y OCCUR?  HOW DID IN  Ind that on the control  IT MEDICAL E	(If in Boltimor  JURY OCCU  his basis,  Undetermir  EXAMINER  EXAMINER	deoth in my	21. AUTO no oct locotion)	DATE SIGNED



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

D 260	BALTIMORE CITY	HEALTH DEPARTMENT	72 02601
BIRTH NO. 72-0398172 02601	CERTIFICA	TE OF DEATH REG. NO.	770 0.002
1. NAME OF DECEASED (Type or Paint) Potter B.B BAR	g Boy	2. DATE AND HOUR OF DEAT	132 PM
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUN FULL NAME OF HE NOY IN HOSPITAL OR INSTITUT		4. USUAL RESIDENCE (Where deceased lived, the A. STATE B. COUNTY MARYLAND	institution: residence before admission)
HOSPITAL OR ADDRESS OR LOCATION)	1	1	NSIDE CITY LIMITS?
THE JOHNS HOPKINS HOS	PITAL	E. STREET AND NUMBER 2215 ROSLYN AVE.	YES A NO
S. SEX MALE WHITE WIDOWED	DIVORCED	8. DATE OF BIRTH  3-6-72  9. AGE (In years last birthday)	Months Days Hours Min. 6 19
10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF B done during most of working life, even if refired)	USINESS OR INDUSTRY	Johns Hopkins Hospital Baltimore, Md.	12. CITIZEN OF WHAT COUNTRY
13. FATHER'S NAME		BOEHMLEIN, EVA	
15. Was Deceased Ever in U. S. Armed Ferces? (Yes, no or unknown) Uf yes, give war or dates of service)	6. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
	(8)	A CONSEQUENCE OF:  A CONSEQUENCE OF:  A CONSEQUENCE OF:  Denote the presenting facility of the presenting facility facil	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH  The Succession of th
DEATH (notify medical examined	IJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
22. I certify that (1) (this hospital) attended the that (1) (we) last saw the deceased alive on	deceosed from	3/6 19 22 ta	3/6 19 7 2 pinian death occurred on the date
and hour and fram the causes stated above (1) (23A. SIGNATURE LELLS) 23C. PHYSICIAN'S NAME (Type)	M.D DEGREE Phys	lew the body ofter death.	23R DATE SIGNED  3/6/72
REMOVAL (Specify) 3/1/12	E of CEMETERY of CRE		City, town, or caunty) (State)
Cremation XXXXX John 25A. DATE REC'D BY HEALTH DEFT.  MAR 1 5 1972 Police 2 July 1		25C. FUNERAL DIRECTOR	ADDRESS
VS 150-REV. 1/1/68		TOBLITAL DIDI	OSAL

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

	- 011	N. D	* 500	BALTIMORE	CITY HEA	LTH DEPARTMENT		140	00000
	TH NO. Had	gerstown	2 0260	)2 CERTIFI	CATE	OF DEATH	REG. NO.	12	02602
	AME OF DECE			Baby Gir	1		AND HOUR OF DEA		12155 A
	F	3				Ma		19721	sidence before admission
				NOUNCED DEAD	A. S	TATE B. C	OUNTY		sidence before odmission)
HC	LL NAME OF	ADDRESS OR	LOCATION)	STITUTION, GIVE STREET	C, C	MARYLAND IY OR TOWN		NGTON NSIDE CITY LI	MITS?
1		JOHNS HOP	KINS HOS	PITAL	H	AGERSTOWN		YES 🗌	NO 🗌
2	BALT	IMORE, MD	21205		E. S	TREET AND NUMBE	R		
-						238 PROSP	ECT AVE		
5. 5	emple	6. RACE	7- MARK	NEVER MARRIED  DIVORCED	<b>!!!</b>	TE OF BIRTH	9. AGE (In years last birthday)	If Under Months	1 Yr. If Under 24 Hrs. Days Hours Min.
			of work 10B, KINS	OF BUSINESS OR INDI		IRTHILACE (Stole of	foreign country!		EN OF WHAT COUNTRY
don	e during most of w	rorking life, even if r	efired)		1 1/	a - '-L		ning!	
13.	FATHER'S NAN	AE .				AGTHER'S MAIDEN			
16		D LEE ESH		II 6. SOCIAL	117 1	CAROL PAUL	INE		ADDRESS
(Ye	, no of unknown)	all yes, give war	or dates of Servi	SECURITY NO.	17.11	IPORMANI			VDDK532
_	18. 7 //	1 11		CAUSE OF I	DEATH				APPROXIMATE INTERVAL
	DISEAS	E OR CONDITIO	N DIRECTLY						BETWEEN ONSET AND DEATH
		LEADING TO D	EATH	(A)MMEDIAT	E CAUSE	Cardio -	· ful moman	Arrest	<b>**</b> O
	This does not mean the mode of dyling, e.g., DUETO, OR AS			OR AS A CON	SEQUENCE OF:		4		
		Injury or complication which caused death.)					16		) >
	A	INTECEDENT CA	AUSES	/n\	Con	jestine	Heart	Fai June	24 hours
		R CONDITIONS		ving DUE TO, C	OR AS A CO	NSEQUENCE OF:			
		CONDITION IO		the H	4 PO P	lastic	Heart Left He	ar T	4 days
		11		(-/	4				
NC	OTHER SIGNIFI	III ICANT CONDITION	IS CONTRIBUTI	NG					
ATI	TO THE DEATH	H BUT NOT RELATE	D TO THE TERMIN	VAL					
CERTIFICATION		OPERATION 198		OR WHICH OPERATION	2	YES	IN CERTIFYING	RE FINDINGS CAUSES OF S	CONSIDERED DEATH?
	21A. ACCIDEN	TING CAUSE	INO	21 B. PLACE OF INJURY	(e.g., in or a	bout 21 C. WHERE DI	D (il in Salt	imore City, give	e exact lacation)
¥	DEATH (notify	medical examined		elc.)	ced ource o	age into Ki occo	P44		
MEDIC/		(Month) (Doy)	(Year) (Hour)	21E INJURY OCCURRE	D	21F. HOW DID	INJURY OCCUR?		
X	(APPROX.)				While				
					Wark L			м	12 10 72
				ed the deceased from				March	
	that (i) (we)	lost sow the de	ceased alive	on manch !		19on	d that In (my) (our)	opinion dest	h occurred on the date
			s stated abov	e. (1) (We) (did) ( <del>did -</del>	not) view t	he body after dec	oth.		
		23A, SIGNATURE MD AND				- 11			E SIGNED
	Cost	a 3.	Kunel	DEGREE	Attending Phys.	Med.	Stoff Phys.	Man	ch 12, 1972
	23C.PHYSICIA	N'S		Y		DDRESS	Market Control		11
			ESSELBER	G M.D.		THE JOH	INS HOPKINS	HOSPITAL	
24/	A. BURIAL CREA	MATION, 248. DA		C. NAME of CEMETERY	OF CREMAT		D. LOCATION	(City, town, o	
1	Cremati		12/72	Johns Hopk	ins H	ospital	601 N. Bro	adway	Balto., Mo
		AY HEALTH DEPT	T. 258_NA	ME OF REGISTRAR		SCHUNERAL DIREC		- 4 4 -	ADDRESS
M	4K 1 5 19		E fabe	w. M.D.		13(1)	PITAL DIS	PORC	
VS	150-REV. 1/1/6	68							if

the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.A. at a hospital (excent where the physician where the physician was p.O.A. at a hospital (excent where the physician where the p

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital

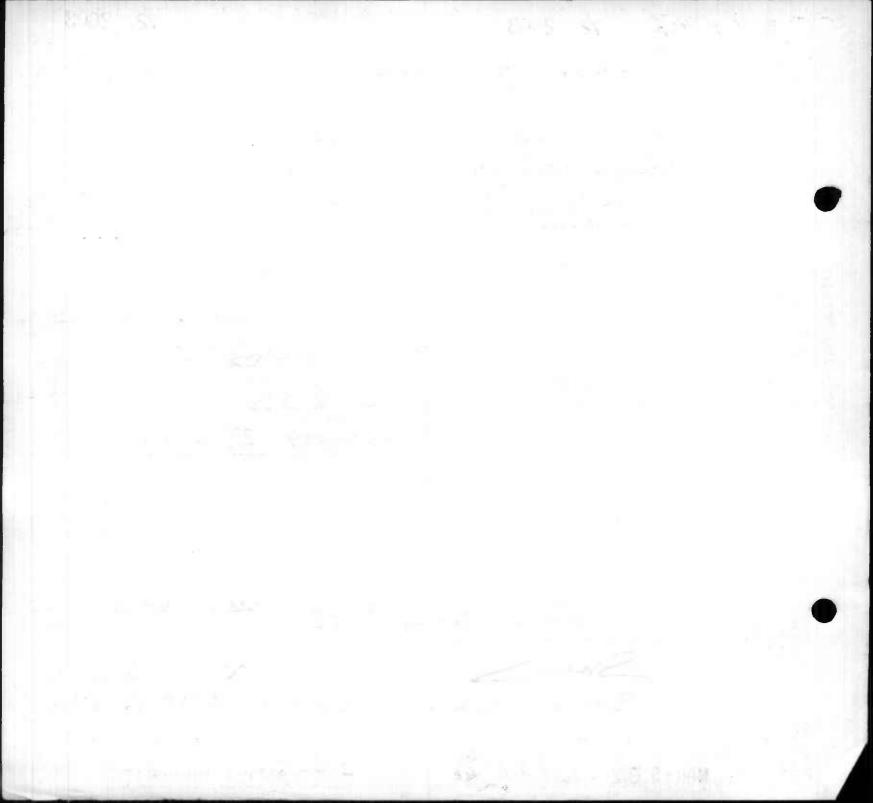
IMPORTANT

FUNERAL DIRECTOR:

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lsj e.e.	BIR	456 79 09609	CERTIFICATE OF DEATH REG. NO. 72 02603					
Such		NAME OF DECEASED  Pe or Print)  Kellner, BB Mary E (DiMatte)	2. DATE AND HOUR OF DEATH					
eath.	3.	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, fl institution: tesidence belore admission)  A. STATE  B. COUNTY					
00	HC	LL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET STITUTION)	Maryland () A CT () C. CITY OR TOWN (D. INSIDE CITY LIMITS?					
or to	A. S.	Baltimore City Hospitals 4940 Eastern Avenue	Baltimore YES NO 3					
L .	1000	Baltimore, Maryland 21224						
regular ased pr is made.	5. \$	Male Caucasian WIDOWED DIVORCED	B. DATE OF BIRTH  9. AGE (in years last birthday)  11 Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.  11 25					
	don	USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY eduring most of working life, even II retired)	11. BIRTHPLACE (Stote or foreign country)  Maryland  12. CITIZEN OF WHAT COUNTRY?  U.S.A.					
th was in the dece	13.	FATHER'S NAME Edward Kellner	14. MOTHER'S MAIDEN NAME Mary E DiMattei					
0 0	15. (Yes	Was Deceased Ever in U. S. Armed Forces? s,no or unknown! Uf yes, give wor or doles of service! SECURITY NO.	17. INFORMANT ADDRESS 4940 Eastern Avenue					
d d and	-	118. S S CAUSE OF DEATH	Baltimore Marylnd 21224					
tenda ed or		DISEASE OR CONDITION DIRECTLY	BETWEEN ONSET AND DEATH					
3 4 5		LEADING TO DEATH  (This does not meon the mode of dying, e.g.,  (A) IMMEDIATE CAU  DIFTO OF AS						
Par Da		heart (ailure, asthenia, etc. It means the disease, injury or complication which caused death.)	A CONSEQUENCE OF:					
0 00 0		ANTECEDENT CAUSES	~ RDS					
¥ o o i		and the state of t	A CONSEQUENCE OF:					
ins a		rise to the above cause (A) sloting the UNDERLYING CONDITION lost. (C)	Amity 28 weeks					
ie physicia sician was the remain	TION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL						
e p icia	CERTIFICATION	DISEASE OR CONDITION GIVEN IN PART 1 (A).  19A-DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION  WAS PERFORMED (C)	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED					
= 207	ERT	3-4-12	Yes IN CERTIFYING CAUSES OF DEATH? Yes					
909	CAL	OR CONTRIBUTING CAUSE OF DEATH (notify medical examines) home, form, foctory, street, of	n or obout 21 C. WHERE DID (If In Boltimore City, give exact location) fice bldg., INJURY OCCUR?					
except w and (6) h obtained		210-TIME (Month) (Doy) (Yeot) (Hous) 21E, INJURY OCCURRED OF INJURY (APPROX.) While At Not While At Work At Work	21f. HOW DID INJURY OCCUR?					
an		22. I certify that (I) (this hospital) attended the deceased from	3 - 3 1922 to 3 - 4 19 72					
be,		that (1) (we) lost saw the deceased allve on	19.72 ond that in (my) (our) opinion death occurred on the date					
death) must be		ond hour and from the couses stoted obove. (1) (We) (did) (did not) v	lew the body ofter deoth.   238, DATE SIGNED					
a hospital (e to death); c al must be o		DEGREE Phys	nding Director Physics 3-4-72					
prior		SMEENK, G.W.L.	Bald. City For Avenue					
was D.O.A. at a he deceased prior to written approval r	24A	REMOVAL (Specify) Cremation 3-6-72  Baltimore City H						
dece	25 A	MAR 1 5 1972 Page & Salle A.D.	HOSPITAL DISPOSAL					

MAR 15 VS 150-REV. 1/1/68



	f death seeased on the h. Such
	a hospi cause o se; (5) D endance to deat
	ributing ributing sined cau jular att jular att
	death oc or cont Undetern as in reg e deceas
TANT	istant if the direct kind; (4) death w ce on the
FUNERAL DIRECTOR: IMPORTANT	Also, if the of any nounced attendan
CTOR:	aminer. A fractur Nho pror
AL DIRE	odical ex odical ex ourns; (3) lysician v n was in emains a
FUNER	by a me by a me 2) Body b re the ph physician ore the r
	ist be approved by the chief medical examiner or his assistant if death occurred in a hospital and assed to the hospital by a medical examiner. Also, if the direct or contributing cause of death dent of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased ospital (except where the physician who pronounced death was in regular attendance on the death); and (6) No physician was in regular attendance on the nust be obtained before the remains are embalmed or final disposition is made.
	be approduced to the standard (excust); and standard stan
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D.O.A. at a hased prior to

deceased

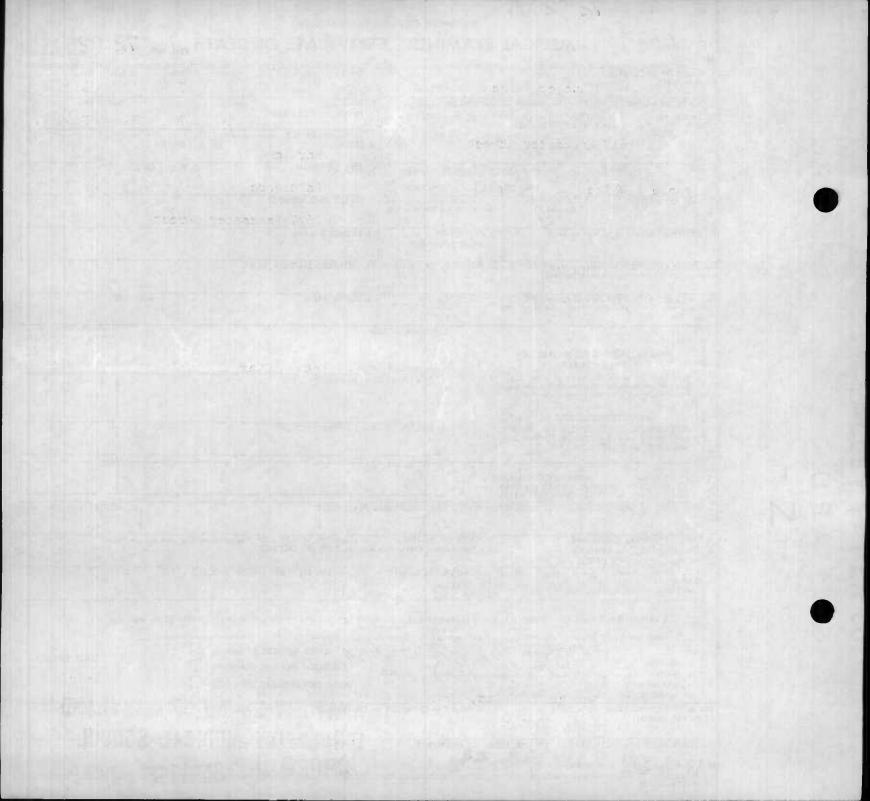
the body was released shows: (1) An accident

BALTIMORE CITY HEALTH DEPARTMENT 72 02604 72 02604 CERTIFICATE OF DEATH BIRTH NO. I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) James Wilson 03/09/72 7:30 Am. 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE B. COUNTY Md. Baltimore City FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) C. CITY OR TOWN D. INSIDE CITY LIMITS? The Good Samaritan Hospital Baltimore YES 3 NO T 5601 Loch Raven Boulevard E. STREET AND NUMBER Baltimore, Maryland 21239 Bolton Hill Nursing Home 5. SEX 6. RACE 9. AGE (In years 8. DATE OF BIRTH 7. MARRIED NEVER MARRIED If Under 1 Yr. Months! Doys If Under 24 Hrs. Hours WIDOWED DIVORCED 04 - 07 - 0467 10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Unknown Unknown Marvland USA 13. FATHER'S NAME 4. MOTHER'S MAIDEN NAME Unknown Unknown 15. Was Deceased Ever in U. S. Armed Forces? (Tes.no or unknown) (If yes, give wor or dotes of service) 17. INFORMANT 6. SOCIAL ADDRESS SECURITY NO. Unknown 055-01-9025 Mrs. Wilhelmina Gerrel Wilmington Del CAUSE OF DEATH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY (A) IMMEDIATE CAUSE CAME INO MA OF PROSTATE LEADING TO DEATH MONTHS (This does not mean the made of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF heart foilure, asthenia, etc. it means the disease, injury or complication which caused deoth.) ANTECEDENT CAUSES DUE TO, OR AS A CONSEQUENCE OF: DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last. 11 CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A) 19A DATE OF OPERATION 198 CONDITION FOR WHICH OPERATION 20A. AUTOPST? (Yes or No) 208, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? WAS PERFORMED 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 218, PLACE OF INJURY (e.g., in or about 21C, WHERE DID home, farm, factory, street, office bldg., INJURY OCCUR? (If In Boltimore City, give exoct location) MEDICAL DEATH (notify medical examined 21D. TIME (Month) (Doy) (Year) (Hour) 21 & INJURY OCCURRED 21F. HOW DID INJURY OCCUR? Not While While At [APPROX.] Work 8 revuen 22. I certify that (1) (this hospital) attended the deceased from Maril that (1) (we) last saw the deceased alive on and that in (my) (aur) apinion death accurred on the date and haur and from the causes stated abave. (I) (We) (did) (did-not) view the bady after death. 23A. SIGNATU Attending [ written approval Phys. Phys. DEGREE 23C. PHYSICIAN'S NAME (Type) 23D. ADDRESS NCHAEL 700d LVIN DEGREE 24A. BURIAL CREMATION, 24B. DATE 24C. NAME OF CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) (Stote) Wilmington Delaware

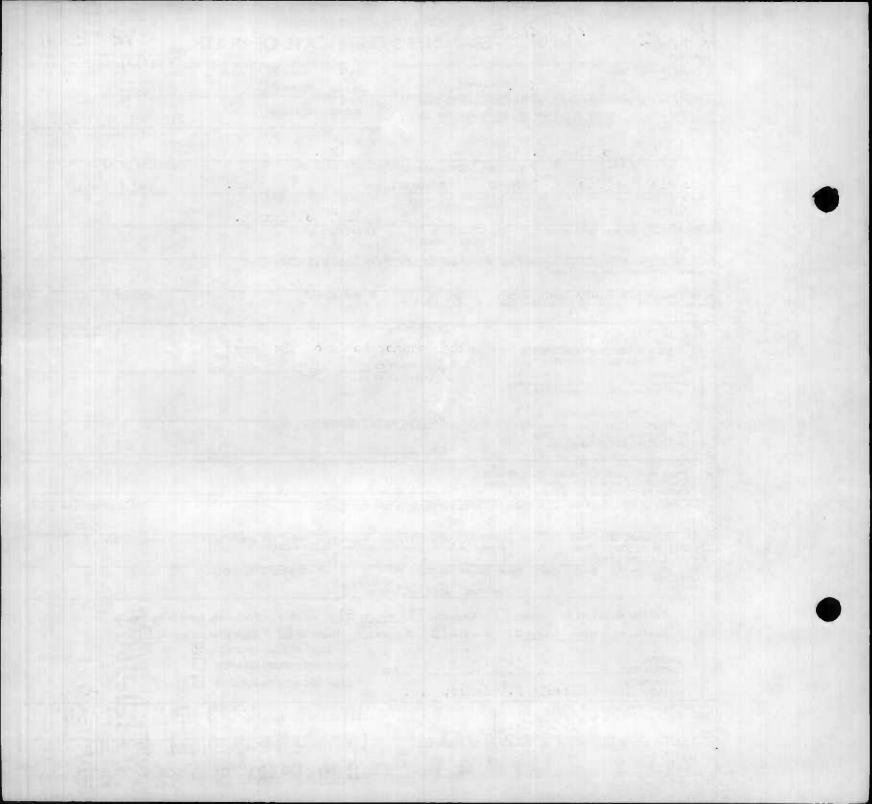
72 | Silverbrook Cemetery ADDRESS 3 VS 150-REV. 1/1/68

12/24/71 1601 W Lanvale St.

	.77	5 05	605	BAIT	MORE CITY III	FAITH DEDA						
R-250	0	MED	OICAL		MINER'S		CATE OF	DEAT	H REG. NO	.72	0260	5
1. NAME OF DEC			7 1	***************************************		2. DATE OF	Known 🔼	Month	Day	Year	Hour	
4. PLACE IN BAI		izabet			D DEAD	DEATH 3. DATE	Estimoted	2	7	72	3:30	P. M.
FULL NAME OF		TIN HOSPITA				1	UNCED DEAD	Month 2	Doy	72	3:30	D
OR INSTITUTION						5. USUAL R	ESIDENCE (Where		ved. If instituti			- M.
00		ancast				A. STATE	Maryland		B. COUNTY		20	3
6. SEX	7. RACE				ER MARRIED	C. CITY OF				CITY LIMITS?		
Female  9. DATE OF BIRT	White	10.AGE (I	WIDOWE		r. If Under 24 Hrs	E STREET	Baltimore	5		YES 🔀	ио Ц	
. DATE OF BIKE		lost birthdo	y) N		s Hours Min.			andtow.	Ctroot			
11. BIRTHPLACE	State or foreig	48 (pn country)		2. CITIZEN WHAT C	OUNTRY?	13. FATHER	1617 Land	aster	Street			
14A.USUAL OCCU	JPATION (Giv working life, ev	e kind of work en if retired)	148. KIND (	OF BUSINI	ESS OR INDUSTR	RY 15. MOTHE	R'S MAIDEN NA	ME	3.75			
16. WAS DECEAS (Yes, no or unknown				17. Sc SE	OCIAL CURITY NO.	18. INFOR	MANT			ADDRESS		
(This does repeated following the control of the co	EE OR COND LEADING TO not meon the e, osthenio, etc mplication while NTECEDENT OR CONDITI E ABOVE CA NG CONDITI VIFICANT COI ATH BUT NOT R CONDITION	D DEATH mode of dy, it means that coused de CAUSES ONS, IF AN' USE (A) STA ION LAST. II NOTITIONS C RELATED TO	ving, e.g., e diseose, oth.)  Y, GIVING THE  ONTRIBUTII	NG IAL	(8)	CAUSE AS A CONSEC AS A CONSE		er				
20A. DATE O	F OPERATION	V 208. CO	NDITION F	OR WHICH	OPERATION V	AS PERFORA	NED				PSY? (Yes	or No)
UNDERLYING UTING CA  22D. TIME OF INJURY (APPROX.)	22D. TIME (Month) (Doy) (Yeor) (Hour) 22E. INJURY OCCURRED OF INJURY (APPROX.) WHILE AT WORK AT WORK											
	URE JER'S	lature 1 Aby	nquiry	Acciden	Suici	Deputy Deputy	ond that an tomicide CHIEF MEDICAL I	Undetermi EXAMINER EXAMINER	ned manner		DATE SIG 2-8-72	
24A. BURIAL CRE REMOVAL (Spec	MATION, 2	3-13	-72		AE of CEMETERY	or CAEMAA	PNO 1 12493	GARD	OF A	n/ortoVn	AND	ote)
MAR 15 1	972 R	DEPT.	258, NA	ME OF RE	GISTRAR		OR PIA	ORMEL V CI	HUAL	ADMEDI U	CHA	
VS 151-REV. 3/1/6	8								MAR I AVE	4 24	A Baller	

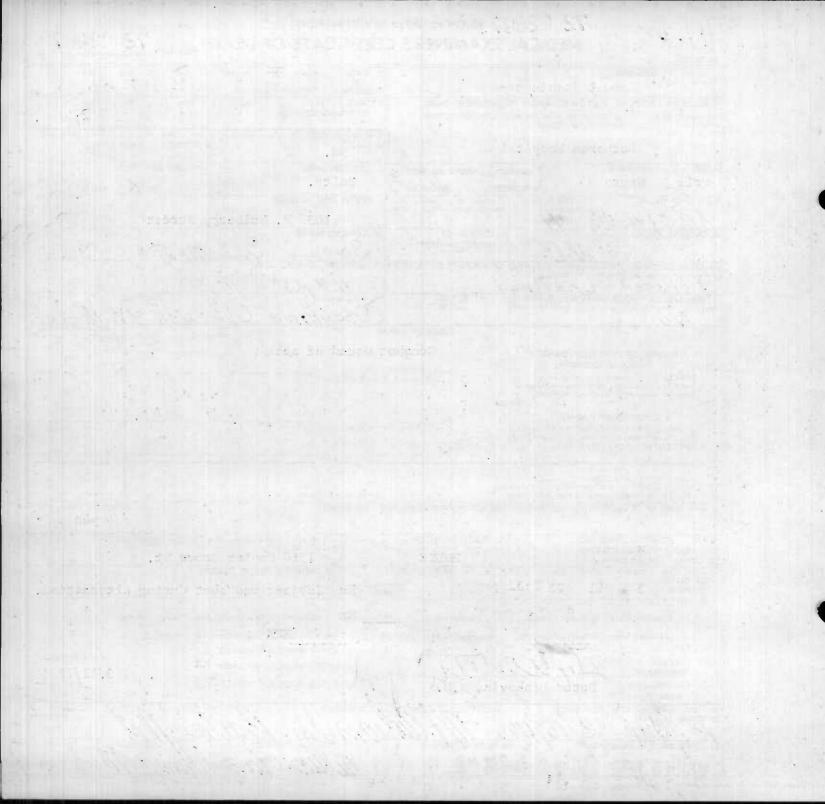


K-612 72 02606 BALTIMORE CITY HE	CERTIFICATE OF DEATH REG. NO	72 02606
I. NAME OF DECEASED (Type or Print)  LUCILLE V. KREBS	2. DATE Known Month Doy OF DEATH Estimoted	Year Hnur
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL ADDRESS OR LOCATION) OR INSTITUTION	3. DATE Month Doy PRONOUNCED DEAD 1= 31	Yeor Hour 1972 11:35 am.
1302 Hollins St.	5. USUAL RESIDENCE (Where deceased lived, if institution: A. STATE  Md.	residence before admission)
6. SEX 7. RACE 8. MARRIED NEVER MARRIED WIDOWED DIVORCED		Y LIMITS?
9. DATE OF BIRTH 10. AGE (In years lost birthday)   Wonths: Days   Hours   Min.	1302 Hollins St.	
11. BIRTHPLACE(State or foreign country)  12. CITIZEN OF WHAT COUNTRY?	13. FATHER'S NAME	
14A.USUAL OCCUPATION (Give kind of work! 14B. KIND OF BUSINESS OR INDUSTR' done during most of working life, even if retired)	Y 15. MOTHER'S MAIDEN NAME	
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no of unknown) (If yes, give wor or dotes of service)  17. SOCIAL SECURITY NO.	18. INFORMANT AD	DRESS
LEADING TO DEATH  (This does not meen the mode of dying, e.g., heart foliure, osthenia, etc. it means the disease, injury or complication which coused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	AS A CONSEQUENCE OF:	BETWEEN ONSET AND DEATH
	AS PERFORMED	yes
UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH.  22D. TIME (Month) (Doy) (Year) (Hour) 22E.INJURY OCCURRED WHILE AT NOT AT W	in or obout 22C, WHERE DID (If in Baltimore City, give exact bidg., etc.) INJURY OCCUR?  22F. HOW DID INJURY OCCUR?  WHILE WORK and that on this basis, death in my o	
ACTUAL SIGNATURE EXAMINER'S NAME (Type)  RUSSELL S. Fisher, M.D.	Homicide Undetermined manner CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER ASSOCIATE MEDICAL EXAMINER	DATE SIGNED 1-31-72
24A. BURIAL CREMATION, REMOVAL (Specify)  24B. DATE  24C. NAME of CEMETERY  25A. DATE REC'D BY HEALTH DETAILS.  25B. NAME OF RECEITAR	OF ARVACYOM 1/2-BUSAND OF MA	RYL'AND'''
MAR 15 19/2 0 7 2 0 0 0	MORTUARY SERVICE	- BCHD



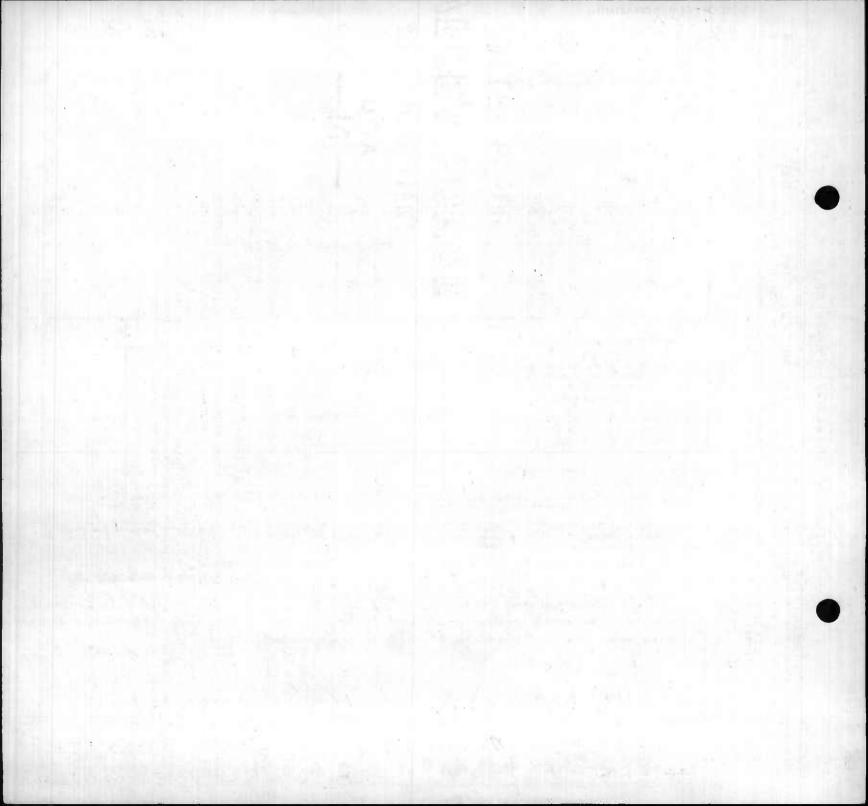
111 0 20 12 02001			
W-252 72 02607	BALTIMORE CITY HEALTH DEPARTMENT  EXAMINER'S CERTIFICATE OF DEATH REG NO	72	0260

BIRTH NO.							
1. NAME OF DECEASED   2. DATE Known 🔼 Month	Day Year Haur						
(Type or Print) Samuel Washington OF DEATH Estimoted 3	11 72 <sub>M.</sub>						
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 3. DATE Manth	Day Year Hour						
HOSPITAL ADDRESS OR LOCATION)	11 72 2:45 p <sub>M</sub>						
Lutheran Hospital  S. USUAL RESIDENCE (Where deceased lived. I  A. STATE  Md.	If institution: residence before admission)						
	INSIDE CITY LIMITS?						
male Negro   WIDOWED   DIVORCED   Balto.	YES 🛛 NO						
9. DATE OF BIRTH 10. AGE (In years last birthday) If Under 1 Yr. If Under 24 Hrs. E. STREET AND NUMBER Months, Doys, Haurs, Min. 1839 W. Mulberry S.							
M. WRITHPLAGE (Solie or lareign country)  12. CITIZEN OF WHAT COUNTRY?  13. FATHER'S NAME  WHAT COUNTRY?	in water						
14A.USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTRY 15. MOTHER'S MAIDEN NAME	3/01/						
dane during most of warking lile, even if retired)							
16 WAS DECEASED EVER IN U.S. ARMED FORCES? 117. SOCIAL 118. INFORMANT	ADDRESS S						
(Yes, na arunknawn) (If yes, give war ar dates of service) SECURITY NO. Was phine Ones	11839 W. Mulbern						
19. CAUSE OF DEATH	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH						
DISEASE OR CONDITION DIRECTLY Gunshot wound of neck							
LEADING TO DEATH (A) IMMEDIATE CAUSE							
(This does nat meon the mode of dying, e.g.,  DUE TO, OR AS A CONSEQUENCE OF: heart lailure, asthenia, etc. It means the disease, injury or complication which coused death.)							
ANTECEDENT CAUSES (B)							
DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO, OR AS A CONSEQUENCE OF:							
RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.							
(c)							
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  20A. DATE OF OPERATION   20B. CONDITION FOR WHICH OPERATION WAS PERFORMED							
DISEASE OR CONDITION GIVEN IN PART 1 (A).  20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WAS PERFORMED	21. AUTOPSY? (Yes or No)						
	yes						
22A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH.  22B. PLACE OF INJURY (e.g., in or about 22C. WHERE DID (if in Boltimare Cit home, lorm, lactory, street, allice bldg., etc.)  22B. PLACE OF INJURY (e.g., in or about 22C. WHERE DID (if in Boltimare Cit home, lorm, lactory, street, allice bldg., etc.)  1910 Poplar Grove 22D. TIME (Manith) (Day) (Year) (Hour) 22E. INJURY OCCURRED 22F. HOW DID INJURY OCCUR?	1 6 6 6						
OF INITION							
(APPROX.) 3 11 /2 2:33 m work at work XX Subject was shot	during altercation.						
23.	ath in my gainian						
resulted from: Natural causes Accident Suicide Homicide XXX Undetermined							
CHIEF MEDICAL EXAMINER							
ACTUAL ASSISTANT MEDICAL EXAMINED XX	DATE SIGNED						
SIGNATURE M.D.	3/12/72						
EXAMINER'S Peter Lipkovic, M.D. ASSOCIATE MEDICAL EXAMINER LIPKOVIC							
24A. BURIAL CREMATION, 24B. DATE 24C. NAME OF CEMETERY OF CREMATORY 24D. LOCATION 24D. LOCATION 24D. LOCATION 25D. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR	(City, town) of estimate) (State)						
MAR 15 1972 Pales & Jabez, M.D. O O Bellians Burnal	Home 31991 Schrode S						



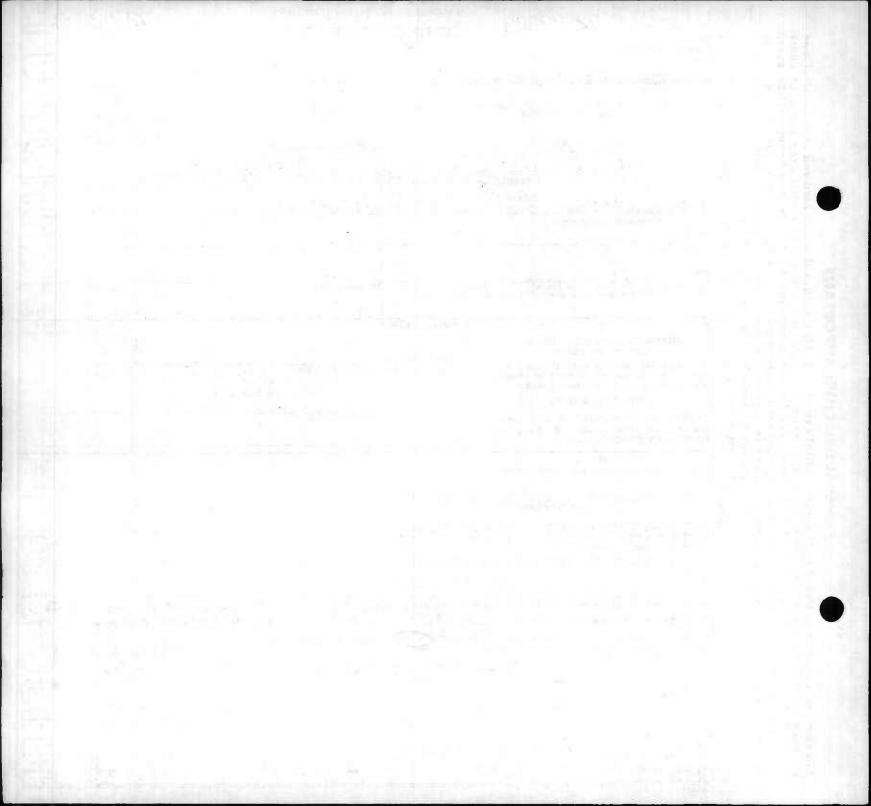
was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased

7	BALTIMORE CIT	Y HEALTH DEPARTMENT	
BIRTH NO. 72 026	OS CERTIFICA	TE OF DEATH	reg. No. 72 02608
(Type or Print)		2. DATE AN	HOUR OF DEATH
BESSIE IERK	4	3/8/-	12 7: P.M.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PR	·	A. STATE B. COUN	e deceosed lived. If institution; residence before admission
FULL NAME OF (IF NOT IN HOSPITAL OR II ADDRESS OR LOCATION)	NSTITUTION, GIVE STREET	C. CITY OR TOWN	D. INSIDE CITY LIMITS?
A		BALTO	YES NO
00		E. STREET AND NUMBER	MONROE ST
5. SEX   6. RACE   7. MAR	RIED NEVER MARRIED	1 1	
FEMALE NEGRO WIDO	WED DIVORCED	10/10/1883	ost birthday) Months Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10B, KIN done during most of working life, even if retired)	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or foreign	gn country) 12. CITIZEN OF WHAT COUNTR
HOUSEWIFE		CUASES CITI	VIRGINIA U.S.A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAM	
ABRAM CARRING	TON	BESSIE (	ARRINGTON
TS. Was Deceosed Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dotes of serv	1 6. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
Treasure of disknown, the year, give well of doles of self-	SECORITI NO.	LILLIAN	CLARK 1918 N.
18. 44 / 2 . 2 .	CAUSE OF DEAT		APPROXIMATE INTERVAL
7/213	Constitution Bear	1. 1.	BETWEEN ONSET AND DEAT
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	unle	3 Wender	· Volan
(This does not meen the mode of dying,	(A) IMMEDIATE CA	USE A CONTROL OF OF	***************************************
heart failure, asthenia, etc. It means the dis		A CONSEQUENCE OF	
injury or complication which caused death,)			
ANTECEDENT CAUSES	(B)		
DISEASES OR CONDITIONS, if any, g	iving DUE TO, OR A	S A CONSEQUENCE OF:	######################################
rise to the obove couse (A) stoling UNDERLYING CONDITION last.	The		
UNDERLING CONDITION (dsi,	(C)		
z			
O OTHER SIGNIFICANT CONDITIONS CONTRIBUT TO THE DEATH BUT NOT RELATED TO THE TERMI DISEASE OR CONDITION GIVEN IN PART 1 (A).			
DISEASE OR CONDITION GIVEN IN PART 1 (A).	- 80 4 84 8 84 4 8 84 4 6 4 6 4 6 6 6	170 A	
19A. DATE OF OPERATION 19B. CONDITION WAS PERFORMED		ZUA, AUTOPSY? (Tes of No.	20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
E 9			
O 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medicol exominer)	21B PLACE OF INJURY (e.g., home, form, foctory, street, etc.)	in or obout 21 C. WHERE DID office bldg., INJURY OCCUR?	(If In Boltimore City, give exact location)
D 21D. TIME (Month) (Doy) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJU	JRY OCCUR?
S OF INJURY (APPROX.)	While At Not Wh		
A S	Work At Work		0/0/00
22. I certify that (1) (this hospital) attend	ded the deceased from	10/3/5	910
that (1) (we) lost saw the deceased olive	on		at in(my) (our) opinion deoth occurred on the da
and haur and from the causes stated abo	ve. (1) (We) (did) (did not)	view the hody after death.	
23A. SIGN ATURE	1		23B. DATE SGNED
110 arne	AH	ending Med.	Styfl \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
	aegree Ph		Plys. L
23C. PHYSICIAM'S NAME (Type)	NER, DEGREE	23D. ADDRESS /	ema ave,
24A. BURIAL CREMATION, 248. DATE 2 REMOVAL (Specify)			OCATION (City, town, or county) (State)
BURIAL 3/11/72	MT AUBRUN	1 6	ALTO. MARYLAND
25A. DATE REC'D BY WALL HOLD CO.	MA OF REGISTRAR	25C. FUNERAL DIRECTOR	OURS -1827 W. NORTH AUS.
VS 150-REV. 1/1/68			



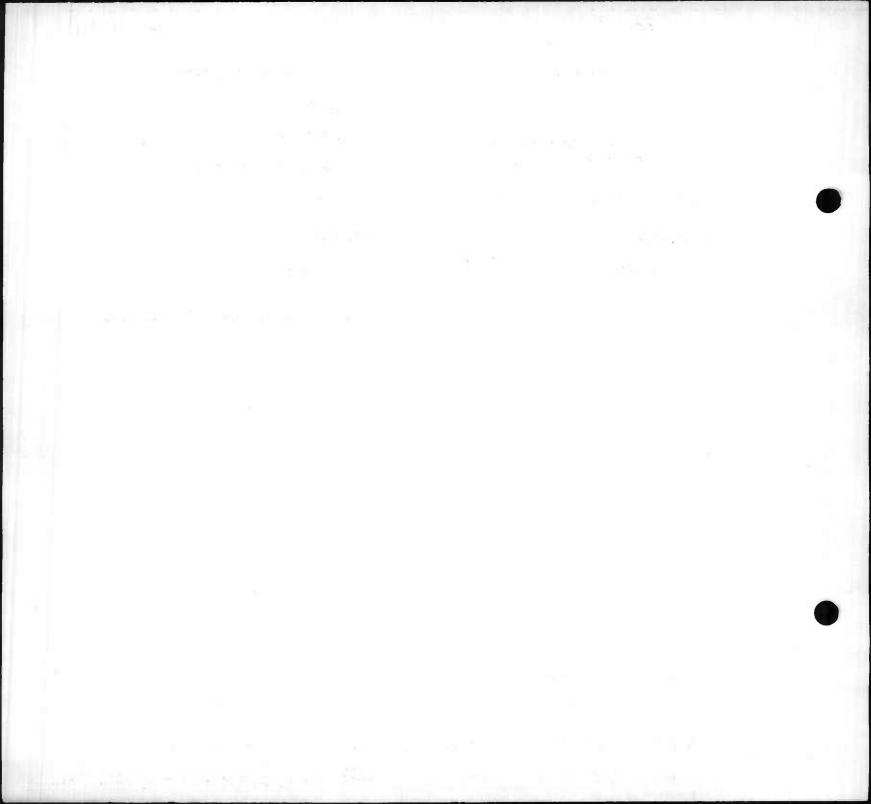
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BIRTH NO.  1. NAME OF DECEASED (Type or Print)  3. PLACE IN BALTIMORE CITY HEALTH DEPARTMENT (Type or Print)  2. DATE AND HOUR OF DEATH  3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD  4. USUAL RESIDENCE IWhere deceased lived. If institution: residence before odm R. STATE  HOSPITAL OR HOSPITAL OR INSTITUTION, GIVE STREET (C.CITY OR TOWN)  1. INSIDE CITY LIMITS?  YES NO  1. INSIDE CITY LIMITS?  YES NO  1. STREET AND NUMBER  2. DATE AND HOUR OF DEATH  3. J.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD  4. USUAL RESIDENCE IWhere deceosed lived, If institution: residence before odm  A. STATE  B. COUNTY  4. USUAL RESIDENCE IWhere deceosed lived, If institution: residence before odm  A. STATE  C. CITY OR TOWN  D. INSIDE CITY LIMITS?  YES NO  E. STREET AND NUMBER
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD  4. USUAL RESIDENCE IWhere doceosed lived. If institution: residence before odm  A. STATE  B. COUNTY  C. CITY OR TOWN  D. INSIDE CITY LIMITS?  YES  NO  E. STREET AND NUMBER
FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)  C. CITY OR TOWN D. INSIDE CITY LIMITS? YES NO  E. STREET AND NUMBER
C. CITY OR TOWN    D. INSIDE CITY LIMITS?    SA   To .   YES   NO     E. STREET AND NUMBER
P E. STREET AND NUMBER
Trovident Mospilal (U.A) 33 L2 Bunkeith AV-e
5. SEX 6. RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE IIn years If Under 1 Yr. If Under 2
MARRIED NEVER MARRIED   8. DATE OF BIRTH   9. AGE IIn years   1 Under 1 Yr. If Under 2   Months Doys Hours   Months Doys Hours   Months Doys Hours   Months Doys Hours   Months Doys   M
IDA. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stale or foreign country)  12. CITIZEN OF WHAT COU
13. FATHER'S NAME  14. MOTHER'S MAIDEN NAME  14. MOTHER'S MAIDEN NAME
Handing Mainer Maine
15. Was Decessed Ever/in U. S. Armed Forces? (Yes, ng or unknown) (If yes, give wor or dates of service)  SECURITY NO.
No Artis Peters 5318 Walhash
18. / 5 3 1 CAUSE OF DEATH BETWEEN ONSET AND
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (A) IMMEDIATE CAUSE  CAUCAL OF descurding
heart failure, asthenia, etc. It means the disease.
injury or complication which coused death)  ANTECEDENT CAUSES
(B)
DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS A CONSEQUENCE OF:
DISEASES OR CONDITIONS, if any, giving fise to the above cause (A) stating the UNDERLYING CONDITION last.  (B)  DUE TO, OR AS A CONSEQUENCE OF:  (C)
UNDERLYING CONDITION last, (C).
UNDERLYING CONDITION last, (C).
UNDERLYING CONDITION last, (C).
UNDERLYING CONDITION last,  (C).  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  194-Date of Operation 198 Condition for which Operation 204-Autopsy? (Yes or No.) 208. If YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
UNDERLYING CONDITION last,  (C).  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  19A-DATE OF OPERATION 19B CONDITION FOR WHICH OPERATION WAS PERFORMED  21A-ACCIDENT WAS UNDERLYING   21B, PLACE OF INJURY Ie.g., in or obout 21C. WHERE DID OR CONTRIBUTING CAUSES OF DEATH?  21A-ACCIDENT WAS UNDERLYING   21B, PLACE OF INJURY Ie.g., in or obout 21C. WHERE DID home, form, foctory, street, office bidg., INJURY OCCUR?
UNDERLYING CONDITION last,  (C).  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  194. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 198. CONDITION CAUSES OF DEATH?  21A. ACCIDENT WAS UNDERLYINO 00 CONTRIBUTINO CAUSES OF DEATH?  21A. ACCIDENT WAS UNDERLYINO 100 CAUSE OF DEATH?  21B. PLACE OF INJURY 1e.g., in or obout 21C. WHERE DID 100 (If In Boltimore City, give exoct location) on contributino CAUSE OF 100 (INJURY OCCUR? 100 (INJURY
UNDERLYING CONDITION last,  (C)  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED  21A. ACCIDENT WAS UNDERLYINO OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21B. PLACE OF INJURY (approx.)  21B. PLACE OF INJURY OCCUR?  21D. Time (Month) IDoy) (Yeor) IHour) While At Not While At Work  While At Work  Not While At Work
UNDERLYING CONDITION last,  (C)  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  19A-DATE OF OPERATION 198 CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No.) 208. IF YES, WERE FINDINGS CONSIDERED IN GERTIFYING CAUSES OF DEATH?  21A-ACCIDENT WAS UNDERLYINO 00 CONTRIBUTINO CAUSE OF DEATH?  21A-ACCIDENT WAS UNDERLYINO 00 CONTRIBUTINO CAUSE OF DEATH?  21A-ACCIDENT WAS UNDERLYINO 00 CONTRIBUTINO CAUSE OF DEATH?  21A-ACCIDENT WAS UNDERLYINO 10 CAUSES OF DEA
UNDERLYING CONDITION last,  (C)  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  19A.DATE OF OPERATION 19R. CONDITION FOR WHICH OPERATION 20A.AUTOPSY? (Yes or No) 20R. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?  21A. ACCIDENT WAS UNDERLYINO 21R. PLACE OF INJURY Is.g., in or obout 21C. WHERE DID 60R CONTRIBUTINO CAUSE OF DEATH?  21A. ACCIDENT WAS UNDERLYINO 21R. PLACE OF INJURY Is.g., in or obout 21C. WHERE DID 60R CONTRIBUTINO COURS 60R (Month) 1Doy) (Yeor) 1Hour) 21E. INJURY OCCURS 61D 1NJURY OCCU
UNDERLYING CONDITION last,  (C)  OTHER SIGNIFICANT CONDITION SCONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  19A. DATE OF OPERATION   19R. CONDITION FOR WHICH OPERATION   20A. AUTOPSY? (Yes or No)   20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?  21A. ACCIDENT WAS UNDERLYING   21B. PLACE OF INJURY Is.g., in or obout 21C. WHERE DID on CONTRIBUTING CAUSE OF DEATH?  OR CONTRIBUTING   CAUSE OF DEATH?  DEATH (nosity medical examines)   21B. PLACE OF INJURY Is.g., in or obout 21C. WHERE DID home, form, foctory, street, office bldg., iNJURY OCCUR?  OF INJURY (APPROX.)   While At   Not While   21E. INJURY OCCURRED   21F. HOW DID INJURY OCCUR?  While At   Not While   22B. DATE SIGNED   22B. DATE S
UNDERLYING CONDITION lost,  (C)  OTHER SIGNIFICANT CONDITION SCONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  19A-DATE OF OPERATION 19R CONDITION FOR WHICH OPERATION 20A-AUTOPSY? (Yes or No.) 20R. IF YES, WERE FINDINGS CONSIDERED IN CERTIFFING CAUSES OF DEATH?  21A-ACCIDENT WAS UNDERLYING AUSE OF DEATH?  21A-ACCIDENT WAS UNDERLYING Home, form, foctory, street, office bidge, injury OCCUR?  OR CONTRIBUTING CAUSE OF DEATH?  21A-ACCIDENT WAS UNDERLYING Home, form, foctory, street, office bidge, injury OCCUR?  OR CONTRIBUTING CAUSE OF DEATH?  21A-ACCIDENT WAS UNDERLYING HOME, form, foctory, street, office bidge, injury OCCUR?  OR CONTRIBUTING CAUSE OF DEATH?  21A-ACCIDENT WAS UNDERLYING HOME, form, foctory, street, office bidge, injury OCCUR?  OF INJURY OCCUR?  21D-TIME (Month) IDoy) (Yeor) IHour)  21E. INJURY OCCURRED  21F. HOW DID INJURY OCCUR?  21F. HOW DID INJURY OCCUR?  22F. HOW DID IN
UNDERLYING CONDITION lost,  (C)  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I [A].  19A-DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 20A-AUTOPSY? (Yes or No. 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?  21A-ACCIDENT WAS UNDERLYING   218. FLACE OF INJURY Is.g., in or obout 21C. WHERE DID (If in Boltimore City, give exoct location) or CONTRIBUTING CAUSES OF DEATH?  21A-ACCIDENT WAS UNDERLYING   218. FLACE OF INJURY Is.g., in or obout 21C. WHERE DID (If in Boltimore City, give exoct location) or Injury occur?  21A-ACCIDENT WAS UNDERLYING   218. FLACE OF INJURY Is.g., in or obout 21C. WHERE DID (If in Boltimore City, give exact location) or Injury occur?  21A-ACCIDENT WAS UNDERLYING   218. FLACE OF INJURY Is.g., in or obout 21C. WHERE DID (If in Boltimore City, give exact location) or Injury occur?  21A-ACCIDENT WAS UNDERLYING   218. FLACE OF INJURY Is.g., in or obout 21C. WHERE DID (If in Boltimore City, give exact location) or Injury occur?  21A-ACCIDENT WAS UNDERLYING   218. FLACE OF INJURY Is.g., in or obout 21C. WHERE DID (If in Boltimore City, give exact location) or Injury occur?  21A-ACCIDENT WAS UNDERLYING   218. FLACE OF INJURY Is.g., in or obout 21C. WHERE DID (If in Boltimore City, give exact location) or Injury occur?  21A-ACCIDENT WAS UNDERLYING   218. FLACE OF INJURY Is.g., in or obout 21C. WHERE DID (If in Boltimore City, give exact location) or Injury occur?  21A-ACCIDENT WAS UNDERLYING   218. FLACE OF INJURY Is.g., in or obout 21C. WHERE DID (If in Boltimore City, give exact location) or Injury occur?  21A-ACCIDENT WAS UNDERLYING   218. FLACE OF INJURY Is.g., in or obout 21C. WHERE DID (If in Boltimore City, give exact location) or Injury occur?  21A-ACCIDENT WAS UNDERLYING   218. FLACE OF INJURY Is.g., in or obout 21C. WHERE DID (INJURY OCCUR?  21A-ACCIDENT WAS UNDERLYING   218. FLACE OF INJURY Is.g., in or obout 21C. WHERE DID (INJURY OCCUR?  21A-ACCIDENT WAS UNDERLYING   218. FLACE OF
UNDERLYING CONDITION lost,  (C)  INTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION OIVEN IN PART 1 (A).  17A-DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING AUSE OF DEATH (noity medical examined)  21D. TIME (Month) 1Doy) (Yeor) IHour 21E. INJURY OCCURRED  21D. TIME (Month) 1Doy) (Yeor) IHour 21E. INJURY OCCURRED Work At Work  22. I certify that (1) (this hospital) ottended the decased from 1/2 and that In (my) (aur) apinion deoth occurred an the and hour and from the causes stated obave. (I) (We) (did) (and not) view the body after deoth.  23A. SIGNATURE  24A. SURIAL CREMATION, 124B. DATE 124C. NAME of CREMETERY OF CREMATORY 124D. ICONTON.  14D. THER SIGNIFICANT ON THE TERMINAL (C).  15D. TIME (Month) 10 (A) Staff (B) (A) (A) (A) (A) (A) (A) (A) (A) (A) (A
UNDERLITING CONDITION lost,  (C)  INTER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 1d, ld,  194-DATE OF OPERATION 1954 CONDITION FOR WHICH OPERATION  21A-ACCIDENT WAS UNDERLYIND  ACCIDENT WAS UNDERLYIND  21A-ACCIDENT WAS UNDERLYIND  ACCIDENT WAS UNDERLYIND  (If In Boltimore City, give exact location)  (If In Boltimore City, give exact
UNDERLYING CONDITION lost,  (C)  INTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION OIVEN IN PART 1 (A).  17A-DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING AUSE OF DEATH (noity medical examined)  21D. TIME (Month) 1Doy) (Yeor) IHour 21E. INJURY OCCURRED  21D. TIME (Month) 1Doy) (Yeor) IHour 21E. INJURY OCCURRED Work At Work  22. I certify that (1) (this hospital) ottended the decased from 1/2 and that In (my) (aur) apinion deoth occurred an the and hour and from the causes stated obave. (I) (We) (did) (and not) view the body after deoth.  23A. SIGNATURE  24A. SURIAL CREMATION, 124B. DATE 124C. NAME of CREMETERY OF CREMATORY 124D. ICONTON.  14D. THER SIGNIFICANT ON THE TERMINAL (C).  15D. TIME (Month) 10 (A) Staff (B) (A) (A) (A) (A) (A) (A) (A) (A) (A) (A



B 1. (1	MEDICAL CERTIFICATION	24
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.	This certificate must be approved by the chief medical examiner or his assistant if death occurred the body was released to the hospital by a medical examiner. Also, if the direct or contributing shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined was D.O.A. at a hospital (except where the physician who pronounced death was in regular deceased prior to death); and (6) No physician was in regular attendance on the deceased privatitien approval must be obtained before the remains are embalmed or final disposition is made.	must be appreleased to the crident of any a hospital (exto death); and must be ob-

72 02610	BALTIMORE CITY	HEALTH DEPARTMENT		×2 00010
BIRTH NO.	CERTIFICA	TE OF DEATH	REG. NO	72 02610
1. NAME OF DECEASED		2. DATE	AND HOUR OF DEAT	TH
(Type or Print) Nettie Grant				
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONC	DUNCED DEAD	4. USUAL RESIDENCE (V	rch 11, 1972	institution; residence below odm
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION ADDRESS OR LOCATION)		Maryland	ידאט	160-
INSTITUTION		C. CITY OR TOWN		NSIDE CITY LIMITS?
505 N. Fulton Avenue	9	Baltimore		YES K NO
Baltimore, Maryland		505 N. Fu	lton Avenue	
5. SEX 6. RACE 7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under 2 Months Days Hours A
Female Negro WIDOWED		2-23-84	lost birthdoy) 78	Months Doys Hours A
OA, USUAL OCCUPATION (Give kind of work 108, KIND O		11. BIRTHPLACE (State or f	oteian countryl	12. CITIZEN OF WHAT COL
dane during most at working life, even it retired)			orongin oddinnyr	12. CHIZEN OF WAX! CO.
Housewife		Virginia		USA
3. FATHER'S NAME		14. MOTHER'S MAIDEN N	AME	
Warn Hundley		Unknown		
5. Was Deceased Ever in U. S. Anned Forces? (es,no or unknown) (If yes, give wor or dates of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
No		Mac Anna Ma	ntanmain. EC	DE N. Guilton Augus
18. 44. 44.0 . 11	CAUSE OF DEAT	Mrs. Anna Mo	ircqoillery 50	05 N. Fulton Aven
DISEASE OR CONDITION DIRECTLY	ONOUS OF BEAT	· A VA		BETWEEN ONSET AND
LEADING TO DEATH		Hat M	CARDIALTA	110
(This does not meen the mode of dying, e.g.	(A) IMMEDIATE CAU		KA16/3/146/1/91	LURK
heart lailure, asthenia, etc. It means the disease	DUE TO, OR AS	A CONSEQUENCE OF:		
injury or complication which caused death.)	1		*	
ANTECEDENT CAUSES	MR	TERIOSCREM	710	1
DISEASES OR CONDITIONS, if ony, giving	(B)O, OR AS	A CONSEQUENCE OF:	// /	***************************************
rise to the obove couse (A) stoling the	Dendo, OK AS			
UNDERLYING CONDITION lost.	(c) EM1	LE DEGERAL	RATIST	1
11				
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING				
ITO THE DEATH BUT NOT RELATED TO THE TERMINAL	######################################	******		
DISEASE OR CONDITION GIVEN IN PART 1 (A).	WHICH OPERATION	20A. AUTOPSY? (Yes or	No. 208 IE vee use	E EINDINGS CONSIDERS
19A-DATE OF OPERATION 198 CONDITION FOR WAS PERFORMED	or annual	AND INCOMES OF	IN CERTIFYING C	E FINDINGS CONSIDERED
21A. ACCIDENT WAS UNDERLYING 218	N A CE CE INVINCE	l deservation		
OR CONTRIBUTING CAUSE OF hom DEATH (notify medical examiner)	ne, larm, loctory, street, of	or obout 21C. WHERE DID INJURY OCCUR?	(If In Boltim	ore City, give exact locotion)
21D. TIME (Month) (Day) (Year) (Hour) 21F	INJURY OCCURRED	21F. HOW DID II	MILLEY OCCUPY	
OF INJURY	ile At Not While		WORL OCCOR	
(APPROX.)		4		/
22. I certify that (I) (this hospital) attended t	he deceased from	5/1/2	19/2 10 =	2/// 107
that (1) (we) lost sow the deceased alive on	7 1 1	10724.		192
				pinion death accurred on the
ond hour and from the couses stated above. (	l) (We) (did) (did not) vi	ew the body ofter death	10	
28A. SIGNATURE	h	140		23B. DATE SIGNED
Julien on Markels	7 / Ohim	Med.	Shaff	3/12/2
Z3C.PHYSICIAN'S	DEGREE Phys	3D. ADDRESS	Phys. L.	10/10/1
CILBERT 1. BAYFIE	IN MI	100 No.	200=	- the R.
1	DEGREE	100 ( Nos	Jucon	Con THIST
4A. BURIAL CREMATION, 24B. DATE 24C.N. REMOVAL (Specily)	AME of CEMETERY of CRE	MATORY 24D.	LOCATION (C	City, town, ar countyl (Sta
D	Itimore Nati	D.	1+ima 14	7
	Itimore Nation	lai Cem Ba	altimore, Ma	
	Ber KD :	25C PUNELAL DIRECTO	14	ADDRESS
	week 1.00' !	Arlington S.	Phillins 17	27 N. Monroe Str
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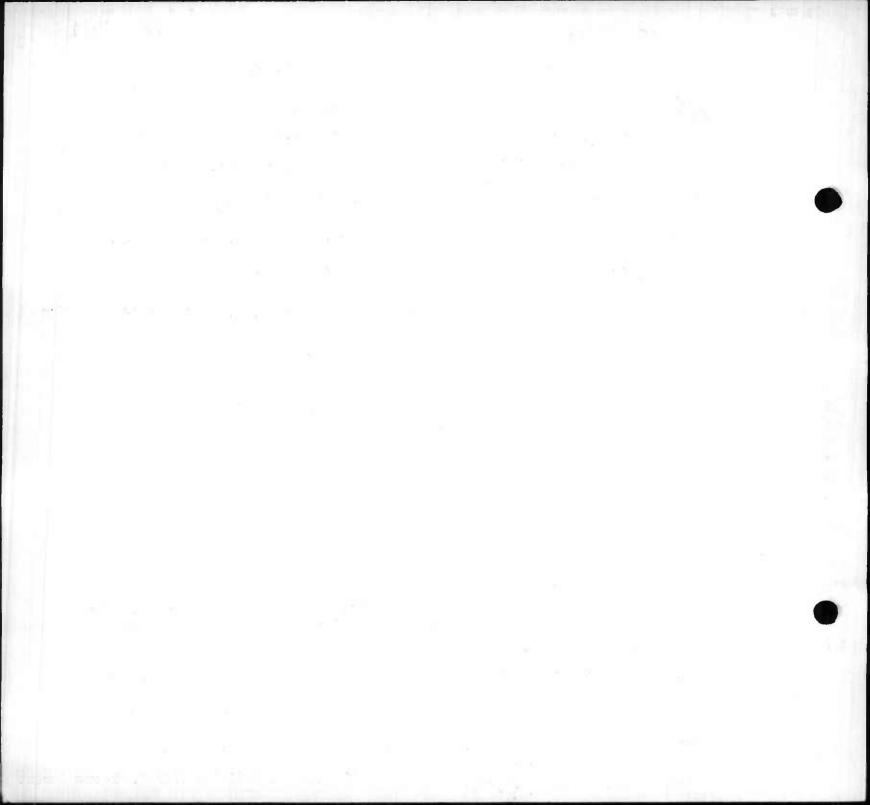


BALTIMORE CITY HEALTH DEPARTMENT PEG No. 72 02611 72 02611 CERTIFICATE OF DEATH BIRTH NO. 1. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) Lula Reynolds March 9, 1972 4. USUAL RESIDENCE (Where deceased lived, II institution: residence belore admission)
A. STATE B. COUNTY 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) Maryland C. CITY OR TOWN D. INSIDE CITY LIMITS? Baltimore YES Lutheran Hospital NO E. STREET AND NUMBER Baltimore, Maryland 1207 Poplar Grove Street 5. SEX 6. RACE 7. MARRIED K NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years last birthday) Il Under 1 Yr. Il Under 24 Hrs. Months! Doys Hours Min. Female Negro WIDOWED DIVORCED 10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Calvert Co., Maryland USA Housewife 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME John M. Brown Elizabeth Gross 15. Was Deceased Ever in U. S. Armed Faices? (Yes, no or unknown) [If yes, give wor or dates of service) 17. INFORMANT 6. SOCIAL ADDRESS SECURITY NO. 212-22-4184 Mr. Virgil Reynolds 1207 Poplar Grove Street No 18. / CAUSE OF DEATH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF heart failure, osthenio, etc. Il means the disease, injury at camplication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION lost. П CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A-DATE OF OPERATION 19B CONDITION FOR WHICH OPERATION WAS PERFORMED 20A- AUTOPSY? (Yos of No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 218. PLACE OF INJURY (e.g., in or about 21C. WHERE DID home, farm, foctory, street, office bldg., INJURY OCCUR? (If In Bolttmore City, give exect location) DEATH (notify medical examiner) 21D. TIME (Month) (Doy) (Year) (Houd 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? Not While While At (APPROX.) At Work 22. I certify that (1) (this hospital) attended the deceased from 95-1 3-9-72 19 -26 1972 that (1) (we) last sow the deceased alive on\_ and that In (my) (our) opinion death occurred on the date and hour and fram the causes stoted abave. (i) (We) (did) (did nat) view the body ofter death. 23B DATE SIGNED Attending X Director \_\_ PHYSICIAN'S 23D. ADDRESS NAME (Type) Garrison Blut. 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) REMOVAL (Specify) (Stote) 3-13-72 Arbutus Mem. Park Baltimore, Maryland

250 TUNERAL DIRECTOR

Amington S. Phillips 1727 N. Monroe Street

25B NAME OF REGISTRAR



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e approved by the chief medical examiner or his assistant if death occurred in a hospital and it to the hospital by a medical examiner. Also, if the direct or contributing cause of death of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased tal (except where the physician who pronounced death was in regular attendance on the th); and (6) No physician was in regular attendance on the deceased prior to death. Such be obtained before the remains are embalmed or final disposition is made.
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This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.
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FUNERAL DIRECTOR: IMPORTANT

BIR	TH NO.	1,5915		CERTIFICA	TE OF DE	EATH	REG. NO	0. /2	2012
	PE OF DECEASE		A 1 1 1-	I J Walahasa			ND HOUR OF D		
				Ld Webber	TA USUAL DESIG		Mar/ 10,		residence before odmission)
	PLACE IN BALTIMO			JNCED DEAD	A. STATE Md.	B. COU	NTY	i. It institution:	1502
I IN	STITUTION				C. CITY OR TOW		D	. INSIDE CITY	LIMITS?
U	S Public H			pital	Baltin			YES	NO .
17	3100 MAII	an Parkwa	y				lton Ave.		
S. :		ACE	7. MARRIED	X NEVER MARRIED	B. DATE OF BIRT	Н	9. AGE (In years	If Und Months	er 1 Yr. If Under 24 Hrs. Doys Hours Min.
	M	Negro	WIDOWED		5/10/02		69		
	usual occupation during most of working Steward			BUSINESS OR INDUSTRY		(State or for BWI	eign cauntry)	12. CI1	USA
13.	FATHER'S NAME				14. MOTHER'S A	MAIDEN NA	ME		
	Alexar	dria Webb	er		Mary	Brya:	nt		
15. (Ye	Was Deceased Evers, na or unknown)	in U. S. Armed F ves, give wor or do	arces? tes of service)	16. SOCIAL SECURITY NO. 086-14-6337	17. INFORMANT	ords-	US PHS HO	spital.	Balto, Md.
_	NO 18. // 3 4.	-V.		CAUSE OF DEAT		02 0.0	00 110 110	2 ,	APPROXIMATE INTERVAL
	7870	R CONDITION D	DIRECTI Y	CAUSE OF BEAT					BETWEEN ONSET AND DEATH
		DING TO DEATH		(A) IMMEDIATE CAL	Acute	e pulmo	onary eder	na	Hours
	heart foilure, asth	nean the mode of enia, etc. It mean ation which cause	s the diseose,		A CONSEQUENCE	OF;		***************************************	
	ANT	ECEDENT CAUSE	S	? Car	cdiomyopat	thy			Unknown
	DISEASES OR	CONDITIONS, il	any, giving	DUE TO, OR AS	A CONSEQUENCE	E OF:			
	rise to the a	bave cause (A ONDITION lasi.	) slating the	(c)					
TION	OTHER SIGNIFICAL	II NT CONDITIONS C JT NOT RELATED TO	ONTRIBUTING	Massi Possible r	ive ascite t. cong <b>es</b> :			ure	3 mos.
ERTIFICAT	DISEASE OR COND	ERATION 198 CO	ART 1 (A).	WHICH OPERATION	20A. AUTOPS	Y? (Yes or N	10) 20B, IF YES, N	WERE FINDING G CAUSES OF	S CONSIDERED DEATH?
ERT	2) A A CEIDENT II			BLACE OF MILLIAN / :	yes			yes	
CALC	OR CONTRIBUTION DEATH (notily med	G CAUSE OF	hom etc.	PLACE OF INJURY (e.g., i e, form, factory, street, a	ffice bldg., INJURY	OCCUR?	(IT IN B	ottimore City, g	ive exact location)
ED	21 D. TIME (M.	onth) (Doy) (Yeo	r) (Hour) 21 E.	INJURY OCCURRED	21 F. H.C	W DID IN	JURY OCCUR?		
2	(APPROX.)		Wh	ile At Not While					
Н	22. I certify tho	t (1) (this hospit	ol) ottended t	he deceased from	Jan/ 21		19 72 to	Mar.	10 19 72
				Mar. 10	19 72	ond t	hot In ( my) (ou	r) opinion de	oth occurred on the dote
				Y(We) (did) /d/d/ pop)/					
ı	23A. SIGNATURE	+ Pul	ualit A	AH	ending M	ed.	Staff X		ATE SIGNED 0/72
Н	23C. PHYSICIAN'S	1.000	1-1	DEGREE Phy	23D. ADDRESS	rector 🗀	Phys.	2/-	07
	NAME (Type)	Wright, S.	A Surg (I			S Hosp	oital, Bal	Lto, Md.	
24/	A. BURIAL CREMAT	ION, 24B. DATE	24C. N.	AME of CEMETERY at CR	EMATORY	24D.	LOCATION	(City, tawn,	ar caunty) (State)
	Burial	3-14-	72 Arbu	itus Mem. Park		Bal	timore.	maryland	
25/	A. DATE REC'D BY			OF REGISTRAR	25C. FUNERA	L DIRECTO	R		ADDRESS
	MAR 15	1972 168	E Ja	Ben M. B !	Arlingt	on S.	Phillips	1727 N.	Monroe Street
VS	150-REV. 1/1/6B			. 6,				1	

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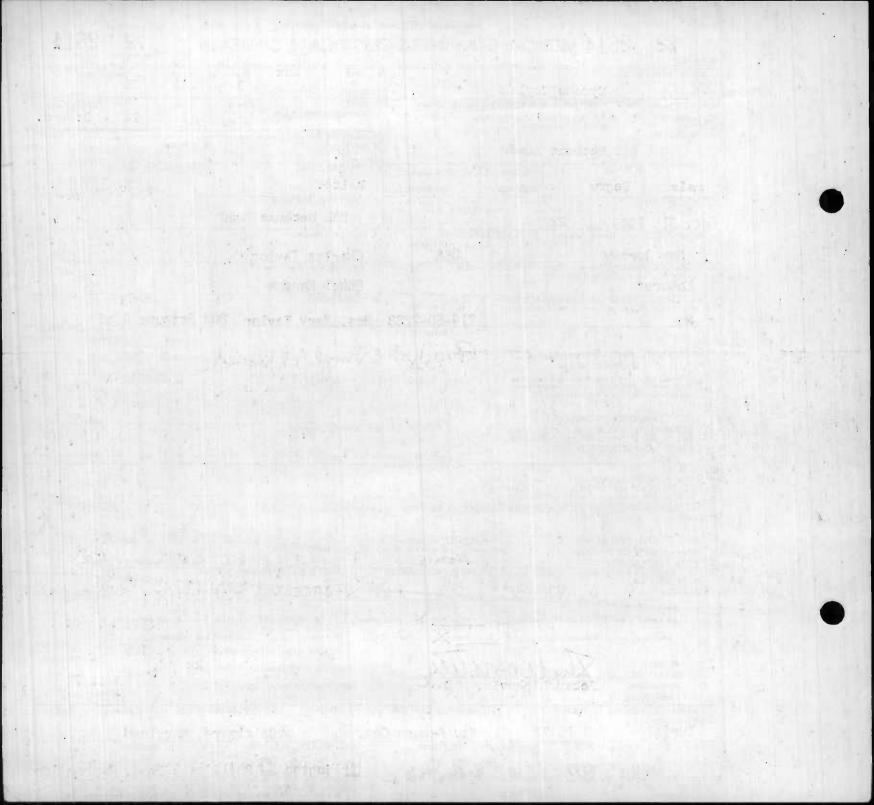
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#### BALTIMORE CITY HEALTH DEPARTMENT

REG. NO	72	0261	3
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BIRTH NO. 72 02613	CERTIFICA	TE OF DEATH	REG. NO.	2 112613
1. NAME OF DECEASED (Type or Print)	,		D HOUR OF DEATH	- 45
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUN	CED DEAD	4. USUAL RESIDENCE (Where	7-72 deceosed lived Il institut	lution: residence before admission
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION ADDRESS OR LOCATION)	ON. GIVE STREET	MARY/AND	<b>)</b> '	150 3
HOSPITAL OR ADDRESS OR LOCATION)  LUTHERAN HOSP	2.4.1	C. CITY OR TOWN	D. INSIDE	CITY LIMITS?
46 BAltimore, md.	DIAL	BALTIMURE E. STREET AND NUMBER	<u> </u>	ES NO
DAITIMORE, ITIAL	21216.	1637 Ruxt	ON DIE	
5. SEX 6. RACE 7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	AGE (In years ost birthday)	Under 1 Yr. II Under 24 Hrs. Nonths Doys Hours Min.
WIDOWED 10A. USUAL OCCUPATION (Give kind of work 108, KIND OF BU		17-6-14011	6)	
done during most of working life, even it refired)	ISINESS OF INDUSTRE			12. CITIZEN OF WHAT COUNTRY?
RETIRED 13. FATHER'S NAME		MARY/AND		4.5
Vatnesur		21.6	16	
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) [If yes, give wor or dotes of service)	SOCIAL	17. INFORMANT	un-	ADDRESS
No Services	SECURITY NO.	Shall Barredown!	1 h 114 5 . 200	1
18. 149 X 1	CAUSE OF DEATH	rs. Bernadetta	Anderson 322	1 APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		0 1 10		SETWEEN ONSET AND DEATH
17his does not meon the mode al dying, e.g., heart loilure, asthenia, etc. It means the disease,	(A) IMMEDIATE CAU	SE Carchae alle CONSEQUENCE OF:	M	***************************************
injury or complication which coused death.)				
ANTECEDENT CAUSES	(B) Ca.	Throat A CONSEQUENCE OF:		
DISEASES OR CONDITIONS, if ony, giving rise to the obove couse IA) stoling the	DUE TO, OR AS	A CONSEQUENCE OF:		
UNDERLYING CONDITION lost.	(c)			***************************************
O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING				
TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	***************************************			
O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  19A. DATE OF OPERATION 19B. CONDITION FOR WHICH	CH OPERATION	20A. AUTOPSY? (Yes or No)	208, IF YES, WERE FINE	DINGS CONSIDERED S OF DEATH?
OR CONTRIBUTION OF THE	CE OF INJURY (e.g., in	or obout 21C, WHERE DID ce bidg, INJURY OCCUR?	(II In Boltimore C	ly, give exoct locotion)
DEATH (natify medical exominer) etc.)	orm, lociory, street, offi	ce bidg., INJURY OCCUR?	,	The state of the s
II S IOL INJOKE	URY OCCURRED	21F. HOW DID INJUI	RY OCCUR?	
(APPROX.) While A	At Work			
22. 1 certify that (1) (this hospital) attended the d			7.2 to	
that (1) (we) last saw the deceased alive an		19.7.2and that	fn (my) (our) apiniar	deoth accurred an the date
and haur and from the causes stated obave. (1) (\mathbb{H} 23A. SIGNATURE	e) (dld) ( <del>dld not</del> ) vl	ew the body after death.	logi	R DATE SIGNED
That suicht	n. ) ascess Phys.	ding Med. St	off P	3/9/2-
23C. PHYSICIAN'S NAME (Type)	DEGREE	D. ADDRESS	lys.	3/1/12
	DEGREE			
The state of the s	of CEMETERY OF CREA	AATORY 24D. LOC	CATION (City, to	own, or county) (Stolet
Burial 3-13-72 Mt. Au 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF TRE	uburn Cem.	Balt	imore, Maryl	and
MAR 1 5 1972		25C FUNERAL DIRECTOR	, , , , , , , , , , , , , , , , , , , ,	ADDRESS
VS 150-REV. 1/1/68	-	Arlington S. P	hillips 1727	N. Monroe Street

NAME OF DECEASED   Type or Print)   Tyrone Taylor     2. DATE   KnownX&   Month   Doy   Year   Hour   OF   DEATH   Estimated     3   11   72     M.	72 BIRTH NO.	02614 ME	DICAL E	EXAMINER'S	CERTIFIC	CATE OF	DEAT	H REG. NO	72	2614
RECOUNTY   SECONDINO NERS   SECONDINO	1. NAME OF DEC	EASED			2. DATE	KnownXX	Month	Doy	Year	Hour
Flace In Baltimore   Marthano, where pronounced dead   Date   Not   No	(Type or Print)	Tyrone	Taylor			Estimoted	3	11	72	M.
See Natifulion   Saza Bethune Road   Saza	4. PLACE IN BAL	-		OUNCED DEAD	3. DATE		Month	Doy	Yeor	Hour .
882 Bethune Road    A. STATE   Miles   Discovery   State   Discovery   Discove	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR INSTITUTION GIVE STREET ADDRESS OR LOCATION)								• • •	М.
male Negro   DIVORCED   DIVORCED   Balto.   YES   No    Date of Birth   10.6 AGE (in year)   Under 17 tr. II Under 24 Hr. E. STREET AND NUMBER   Sale Entry   Sale    00				A. STATE Md.		. 0000 0300 11	B. COUNTY		562	
Dec. 31 1949 22   Months 1994    6. SEX	7. RACE	8. MARRIED	XX NEVER MARRIED				D. INSIDE	CITY LIMITS?		
Dec. 31 1949  De			WIDOWED	DIVORCED [	1				YES	NO O
1.8 BRTHPHACE (Stole or foreign country)   12. CITIZEN OF WHAT COUNTRY?   13. FATHER'S NAME   WHAT COUNTRY?   USA   Charles Taylor   Charles		lost birtho	doy) Mo				Road			
ALUSIAL OCCUPATION (Tok hid of work) 148. KIND OF BUSINESS OR INDUSTRY) 5. MOTHER'S MAIDEN NAME  Ethel Ransom  17. SOCIAL TOK NOTIFICATION (Tok hid of work) 148. KIND OF BUSINESS OR INDUSTRY) 5. MOTHER'S MAIDEN NAME  Ethel Ransom  18. INFORMANT  ADDRESS  19. SECURITY NO.  219-50-2288 Mrs. Mary Taylor 882 Bethune Road  APPROXIMATE INTERVAL BETWEEN ONAET AND DEATH  (Ithis does not meen the mode of dring, e.g., heart foliure, eathering, etc. it means the disease, injury or complication which woused doeth.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS ON STATING THE  UNDERTYING CONDITION LOST.  ANTECEDENT CAUSE  DISEASES OR CONDITIONS OF THE IFEMINAL DISEASE OR CONDITION SCONTRIBUTING TO THE IFEMINAL DISEASE OR CONDI			12.		13. FATHER	SNAME				
ALUSAL OCCUPATION (Give lind of used) 148. KIND OF BUSINESS OR INDUSTRY) 15. MOTHER'S MAIDEN NAME  Ethel Ransom  6. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL TY NO. 219-50-2288 Mrs. Mary Taylor 882 Bethune Road  APPROXIMATE INTERVAL  ACTUAL  BUING CONDITION DIRECTLY LEADING TO DEATH  (A)IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF:  (B) DUE TO, OR AS A CONSEQUENCE OF:  (C)  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NO! SELATED TO THE TERMINAL DISEASE OR CONDITION LAST.  (C)  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NO! SELATED TO THE TERMINAL DEASE OR CONDITION (SIVEN IN PART 1 (A).  22A. DATE OF OPERATION  22B. PLACE OF INJURY (e.g., in or obout) 22C. WHERE DID (if in Bollimore City, give exect location).  ANTOCKING CONTRIBUTION  22D. TIME (Month) (Day) (Year) (Hour) 22E. INJURY occurrence of injury occurrence	New J	lersev			Char	les Taylo	r			
Laborer  (a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no or unknown)(II yes, give wor or doles of service)  NO  17. SOCIAL SECURITY NO. 219-50-2288 Mrs. Mary Taylor 882 Bethune Road APPROXIMATE INTERVAL SECURITY NO. 219-50-2288 Mrs. Mary Taylor 882 Bethune Road APPROXIMATE INTERVAL SECURITY NO. 219-50-2288 Mrs. Mary Taylor 882 Bethune Road APPROXIMATE INTERVAL SECURITY NO. 219-50-2288 Mrs. Mary Taylor 882 Bethune Road APPROXIMATE INTERVAL SECURITY NO. 219-50-2288 Mrs. Mary Taylor 882 Bethune Road APPROXIMATE INTERVAL SECURITY NO. 219-50-2288 Mrs. Mary Taylor 882 Bethune Road APPROXIMATE INTERVAL SECURITY NO. 219-50-2288 Mrs. Mary Taylor 882 Bethune Road (A) Mrs. Mar	14A.USUAL OCCU	IPATION (Give kind of wor			15. MOTHE	'S MAIDEN NA	WE			
SECURITY NO.  219-50-2288 Mrs. Mary Taylor 882 Bethune Road  APPOXIMATE INTERVAL  CAUSE OF DEATH  (This does not meen the mode of dying, e.g., heart folius, pathenia, et and of dying, e.g., heart folius, pathenia, et and of dying and the decident of the and of cause of dying and the decident of the and of cause of of the and of the and of cause of the and of the and of cause of the and o			"		Ethe	1 Ransom				
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (his does not meen the mode of dying, e.g., heart foliary, eathering, etc.) Heart foliary or complication which coused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)  OTHER SIGNIFICANT CONDITION SONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION OF VEN IN PART 1 (A).  22A. DATE OF OPERATION  22B. PLACE OF INJURY(e.g., in or about 122C. WHERE DID (if in Boltimore City, give escal according)  WINDERLYING OR ONTRIB UNDERLYING OR ONTRIB UNDERLYING OF DEATH  22B. THER (Month) (Doy) (Year) (Hour) 22E. INJURY OCCURRED OF INJURY (APPROX.)  23					18. INFORA	TANT			ADDRESS	. = 1 = .
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (This does not meen the mode of dying e.g., heart following the condition which coused death).  ANTECEDENT CAUSES  DISEASE OR CONDITIONS IF ANY, GIVING REFERENCE OF THE PROPERTY OF THE PROPE	8.0	Milityes, give wor or dole	s of service)		Mrs	Mary Tayl	or 88	2 Bethu	ine Roa	d
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (This does not meon the mode of dying, e.g., heart foilure, esthemic, etc. it meons the disease, injury or complication which coused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, FANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)  OTHER SIGNIFICANT CONDITION CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).  22A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WAS PERFORMED  22B. PLACE OF INJURY (e.g., in or about 22C. WHERE DID (If in Boltimore City, give exact location) home, form, footory, street, effice bidg., etc.) INJURY OCCUR?  22D. TIME (Month) (Doy) ("eor) (Hour) 22E. INJURY GOCCUR?  22B. PLACE OF INJURY (e.g., in or about 22C. WHERE DID (If in Boltimore City, give exact location) home, form, footory, street, effice bidg., etc.) INJURY OCCUR?  22D. TIME (Month) (Doy) ("eor) (Hour) 22E. INJURY GOCCUR?  OF INJURY 3 NOT WHILE AT SIGNATURE  EXAMINER'S PECET Lipkovic, M.D. ASSISTANT MEDICAL EXAMINER 3 /111/72  24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY or CREMATORY 24D. LOCATION (City, town, or county) (Stole)  BURITAL REMOVAL (Specify) 3 -15-72  Mt. Auburn Cem.  Baltimore, Maryland		220				111111111111111111111111111111111111111			AP	PROXIMATE INTERVAL
Columbia	DISEAS	E OR CONDITION DIS	ECTIV	Gual of	( Dm	0 01	1			ELIV ONSE! AIND DEATH
DIETO, OR AS A CONSEQUENCE OF:				CALIMMEDIATE (	ALISE	a of h	ead			
ANTECEDENT CAUSES  DISEASES OR CONDITIONS; IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE PERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  220. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WAS PERFORMED  222A. EXTERNAL CAUSE WAS UNDERLYING FOR CONTRIB.  UNDERLYING MOR CONTRIB.  UNDERLYING MOR CONTRIB.  OF INJURY  OF INJURY  OF INJURY  (APPROX.) 3 11 72 3 m WHILE AT WORK  OF INJURY  (APPROX.) 3 11 72 3 m WHILE AT WORK  OF INJURY  ACTUAL SIGNATURE  ACTUAL SIGNATURE  EXAMINER'S PECELL Lipkovic, M.D. ASSISTANT MEDICAL EXAMINER  ACTUAL SIGNATURE  EXAMINER'S PECELL Lipkovic, M.D. ASSISTANT MEDICAL EXAMINER  EXAMINER'S PECELL Lipkovic, M.D. ASSISTANT MEDICAL EXAMINER  DATE SIGNED  ASSISTANT MEDICAL EXAMINER  ASSISTANT MEDICAL EXAMINER  ASSISTANT MEDICAL EXAMINER  3/11/72  AND WHILE AT WORK  DATE SIGNED  ASSISTANT MEDICAL EXAMINER  ASSISTANT MEDICAL EXAMINER  3/11/72  24A. BURIAL CREMATION, 24B. DATE  24C. NAME of CEMETERY or CREMATORY  BURIAL CREMATION, 24B. DATE  24C. NAME of CEMETERY or CREMATORY  BURIAL CREMATION, 24B. DATE  24C. NAME of CEMETERY or CREMATORY  BURIAL CREMATION, 24B. DATE  24C. NAME of CEMETERY or CREMATORY  BURIAL CREMATION, 24B. DATE  24C. NAME of CEMETERY or CREMATORY  BURIAL CREMATION, 24B. DATE  24C. NAME of CEMETERY or CREMATORY  BURIAL CREMATION, Maryland						UENCE OF:	~~~~~~			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GOVEN IN PART 1 (A).  20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WAS PERFORMED  21. AUTOPSY? (Yes or No.)  22A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB.  DITING CAUSE OF DEATH.  22B. PLACE OF INJURY (e.g., in or obout 22C. WHERE DID (if in Boltimore City, give exact location) home, form, localory, street, office bldg, etc.)  1NJURY OCCUR?  8 2 Bethura Rd  22D. TIME (Month) (Doy) (Yeor) (Hour) 22E. INJURY OCCURRED OF INJURY (APPROX.)  23.  1 certify that I held an Inquiry Inspection Autopsy and that an this basis, death In my apinion resulted from: Natural causes Accident Autopsy and that an this basis, death In my apinion  ACTUAL SIGNATURE EXAMINER'S PETER Lipkovic, M.D. ASSISTANT MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER  ACTUAL SIGNATURE EXAMINER'S PETER Lipkovic, M.D. ASSOCIATE MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER  ACTUAL SIGNATURE EXAMINER'S PETER Lipkovic, M.D. ASSOCIATE MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER  24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY  24D. LOCATION (City, town, or county) (State)  BUY 1 A UDDITION FOR AS A CONSEQUENCE OF:  DITION TO THE TERMINAL  21. AUTOPSY? (Yes or No.)  22 D. HIME (II in Boltimore City, give exact location)  AUTOPSY? (Yes or No.)  22 D. HIME (Month) (II in Boltimore City, give exact location)  AUTOPSY? (Yes or No.)  22 D. HIME (II in Boltimore City, give exact location)  AUTOPSY? (Yes or No.)  22 D. HIME (II in Boltimore City, give exact location)  AUTOPSY? (Yes or No.)  22 D. HIME (II in Boltimore City, give exact location)  AUTOPSY? (Yes or No.)  22 D. HIME (II in Boltimore City, give exact location)  AUTOPSY? (Yes or No.)  22 D. HIME (II in Boltimore City, give exact location)  AUTOPSY? (Yes or No.)  22 D. HIME (II in Boltimore City, give exact location)  AUTOPSY? (Yes or No.)  22 D. HIME (II in										
Column   C	DISEASES OF THE	OR CONDITIONS, IF ALL	TATING THE		AS A CONSEC	QUENCE OF:				
222. EXTERNAL CAUSE WAS UNDERLYING FOR CONTRIB- UTING CAUSE OF DEATH.  228. PLACE OF INJURY (e.g., in or obout 22C. WHERE DID (If in Boltimore City, give exect location) home, form, loctory, street, office bldg, etc.) INJURY OCCUR?  882 Bethura Rd  220. TIME (Month) (Doy) (Yeor) (Hour) OF INJURY (APPROX.) 3 1 72 3 m. WHILE AT WORK DECLARED DEC	8			(C)						
222. EXTERNAL CAUSE WAS UNDERLYING FOR CONTRIB- UTING CAUSE OF DEATH.  228. PLACE OF INJURY (e.g., in or obout 22C. WHERE DID (If in Bolhimore City, give exoct location) home, form, loctory, street, office bldg., etc.) INJURY OCCUR?  882 Bethura Rd  228. TIME (Month) (Doy) (Yeor) (Hour) OF INJURY (APPROX.) 3 1 72 3 m. WHILE AT WORK DECLARED DE	OTHER SIGN TO THE DE	NIFICANT CONDITIONS	O THE TERMINA							
UNDERLYING OR CONTRIBUTING CAUSE OF DEATH.    home, form, foctory, street, office bldg.etc.)   INJURY OCCUR?   S&2 Bettura Rd	20A. DATE OF			R WHICH OPERATION W	AS PERFORM	ED			21. AUTO	PSY? (Yes or No)
UTING CAUSE OF DEATH.  22D. TIME (Month) (Doy) (Year) (Haur) 22E. INJURY OCCURRED OF INJURY OCCUR?  OF INJURY 3 172 3 m. WHILE AT WORK DECLARED AT WORK DECLARED Was playing Russian rouletted.  23.  I certify that I held an Inquiry Inspection Autopsy and that an this basis, death in my apinion resulted from: Natural causes Accident Suicide Hamicide Undetermined manner CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER ASSOCIATE MEDICAL EXAMINER ASSOCI	Z 22A. EXTER	NAL CAUSE WAS	22B	PLACE OF INJURY(e.g.,	in or obout 2	2C. WHERE DID	(if in Boltimo	re City, give e	xoct location)	2560
22D. TIME (Month) (Doy) (Yeor) (Hour) 22E. INJURY OCCURRED 22F. HOW DID INJURY OCCUR?  OF INJURY (APPROX.) 3 11 72 3 m. WHILE AT WORK DECLARED WES Playing RUSSICM 2001ett  23.  I certify that I held an Inquiry Inspection Autopsy and that an this basis, death In my apinion resulted from: Natural causes Accident Solicide Hamicide Undetermined manner CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER ASSOCIATE MEDICAL EXAMINER 3/11/72 NAME (Type)  24A. BURIAL CREMATION, REMOVAL (Specify) Burial 3-15-72 Mt. Auburn Cem. Baltimore, Maryland	UNDERLYING		hom		e bldg., etc.) II	NJURY OCCUR?	807	Roth	1/1-0	Rd
APPROX.) 3   72 3 m.   WORK   Not write   Second was playing Parisin   Not write   Second was playing Parisin   Not write			eor) (Hour)		2 2	2F. HOW DID IN	JURY OCC		000-	
I certify that I held an Inquiry Inspection Autopsy and that an this basis, death In my apinion resulted from: Natural causes Accident Suicide Undetermined manner  ACTUAL SIGNATURE EXAMINER'S NAME (Type)  24A. BURIAL CREMATION, REMOVAL (Specify) Burial  Autopsy and that an this basis, death In my apinion  Hamicide Undetermined manner  CHIEF MEDICAL EXAMINER  ASSISTANT MEDICAL EXAMINER  3/11/72 ASSOCIATE MEDICAL EXAMINER  24D. LOCATION (City, town, or county) (State)  Baltimore, Maryland		3 11 7	1 2A			Decensed	was	blassi	4,1811	Cien son fett
resulted from: Natural causes Accident Sulcide Hamicide Undetermined manner  CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER SIGNATURE  EXAMINER'S Patent Lipkovic, M.D. ASSOCIATE MEDICAL EXAMINER 3/11/72  NAME (Type)  24A. BURIAL CREMATION, Pate Succession of Cemetery or CREMATORY Substitution of County (City, town, or county)  Burial 3-15-72 Mt. Auburn Cem. Baltimore, Maryland		3 (1 1	<u>_</u>	WORK L. AT W	VORK LAS		(	Transport	7 10.	31400 100 111
ACTUAL SIGNATURE EXAMINER'S NAME (Type)  24A. BURIAL CREMATION, Part of CEMETERY or CREMATORY  Burial 3-15-72  CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAM	I cert	rify that I held an	Inquiry 🗌	Inspection 🛛 Au	topsy	and that on th	nis basis,	death In m	y apinion	
ACTUAL SIGNATURE EXAMINER'S NAME (Type)  24A. BURIAL CREMATION, Part of CEMETERY or CREMATORY  Burial 3-15-72  CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAM	resul	ted from: Natural co	uses 🗌	Accident Sulcia	de Ho	micide 🗌	Undetermi	ned manner		
ACTUAL SIGNATURE EXAMINER'S NAME (Type)  24A. BURIAL CREMATION, REMOVAL (Specify) Burial  ASSISTANT MEDICAL EXAMINER  ASSISTANT MEDICAL EXAMINER  3/11/72  ASSOCIATE MEDICAL EXAMINER  24D. LOCATION (City, town, or county) (Stote)  Baltimore, Maryland		1	1							
SIGNATURE EXAMINER'S NAME (Type)  24A. BURIAL CREMATION, REMOVAL (Specify) Burial 3-15-72 Mt. Auburn Cem.  3/11/72  ASSOCIATE MEDICAL EXAMINER 3/11/72  Burial 3-15-72 Mt. Auburn Cem.  Baltimore, Maryland		Y 1	1100	1/1/1/	ASSI			XX		DATE SIGNED
NAME (Type)  24A. BURIAL CREMATION, 24B. DATE   24C. NAME of CEMETERY or CREMATORY   24D. LOCATION (City, town, or county) (Stote)  Burial   3-15-72   Mt. Auburn Cem.   Baltimore, Maryland			Linkovi		).				3/	11/72
24A. BURIAL CREMATION, Page 124C. NAME of CEMETERY or CREMATORY (City, town, or county) (Stote)  Burial 3-15-72 Mt. Auburn Cem. Baltimore, Maryland			птрколт	.с, п.б.	ASSO	CIAIL MEDICAL L	AAMINALK			
Burial 3-15-72 Mt. Auburn Cem. Baltimore, Maryland	24A. BURIAL CREA	MATION, 24B. DATE	2	4C. NAME of CEMETERY	or CREMATO	RY 24D.	LOCATION	(City, to	wn, or county	(Stote)
	Bunial	3_15:	-72	Mt Auburn	Com	Ra	1+imos	o Man	land	
								e, mary		
MAR 15 1972 Page For Jake Mar O Arlington S Phillips 1727 N. Monroe Street	MJ	AR 1 5 1972	PRAE	Faile MA	-	1 1 0		ips 172		onroe Stree
	VS 151-REV. 1/1/6	8 N85	4 1							



	BALTIMORE CITY HEALTH DEPARTMENT
2615	CERTIFICATE OF DEATH

REG.	NO	72	0261	5

72 (2615)	CERTIFICATE	OF DEATH	reg. No. 72	02615
1. NAME OF DECEASED		2. DATE AND	HOUR OF DEATH	- 14
(Type or Print) Edgar L. S.	109	3/13	1/22	8150.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED	DEAD 4.	USUAL RESIDENCE (Where	deceased lived. If institution	on: residence before admission)
FULL NAME OF UF NOT IN HOSPITAL OR INSTITUTION,	GIVE STREET	MARYLAND		704
HOSPITAL OR ADDRESS OR LOCATION)	C.	CITY OR TOWN	D. INSIDE CI	TY LIMITS?
PIC.		DALTIMORE	YES	NO
BOLTON HILL NURSING		STREET AND NUMBER	/ _(	
	6	3021 FRISH	4 5%	
5. SEX 6. RACE . 7. MARRIED NET	VER MARRIED 1 8. C	ATE OF BIRTH 9.	AGE (In years If L	Inder J Ys. If Under 24 Hrs.
make White WIDOWED		0-13-01		Ihs Doys Hours Min.
10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSIN		BIRTHPLACE (State or foreign	70 YRS	CITIZEN OF WHAT COUNTRY
done during most of working life, even if refired)				
AUTO REPAIRMAN CAB CO.		MARYLAI	VD	El. S.A.
13. FATHER'S NAME	14.	MOTHER'S MAIDEN NAM	E	
GEORGE STEG		MINNIE	HAGLE	
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service)	CIAL CURITY NO.	INFORMANT		ADDRESS
No 216		MRS. ELLEN	M. STEG	(SAME)
7" / 9" / 1" / 1"	AUSE OF DEATH			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH				
	(A) IMMEDIATE CAUSE	Gretrourescula	· Accident	Juro Years
(This does not meen the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	DUE TO, OR AS A CO	NSEQUENCE OF:		
injury or complication which caused death.)				
ANTECEDENT CAUSES	in Antoninolo	ate to home	In Diging	Yeard
DISEASES OR CONDITIONS, if any, giving	DUE TO, OR AS A C	ONSEQUENCE OF:	MEN INANIANA	110/10/
rise to the above cause (A) stating the				
UNDERLYING CONDITION last,	(c)			
Z				
O THE SIGNIFICANT CONDITIONS CONTRIBUTING				
S DISEASE OR CONDITION GIVEN IN PART 1 (A).	ARTA- WALL	SAX		***************************************
WAS PERFORMED	OPERATION	20A-AUTOPSY? (Yes or No)	208, IF YES, WERE FINDIN IN CERTIFYING CAUSES	IGS CONSIDERED OF DEATH?
U 121A. ACCIDENT WAS UNDERLYING 121R. PLACE	OF INJURY (e.g., in or	bout 21 C. WHERE DID	(if in Bollimore City,	give exact location)
▼ IDEATH (notify medical examine) letc.)	factory, street, office i	pidg., INJURY OCCUR?		ACTIVITY OF COMME
	V OCCUPATO	215 110		
S of many A	Y OCCURRED  Not While	21 F. HOW DID INJUI	RY OCCUR?	
(APPROX.) White AT	At Work			
22. I certify that M (this hospital) attended the deco			72 10 13 mar	
that M (we) lost saw the deceased alive on 13.1		19. 72 and that	in (my) (our) apinion d	leath occurred an the dote
and hour and from the causes stated abave (17 (We)	(did) (did not) view	the bady after death.		
23A. SIGNATURE			23 B, F	DATE SIGNED
Dr. HRhant MA	Attending	Med. St	leff []	
23C. PHYSICIAN'S	DEGREE Phys.			1 March 1972
NAME (Type)		DOL GOIL IS		ome, 1400 John
Peter H. Rheinstein, M.D.	DEGREE	Street, Baltim		21217
KENTO AND (Specity)	CEMETERY OF CREMAT		•	n, or county) (Stole)
Burial 3-16-72 Parky	vood	Pa	arkville,	Md.
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGI	KAR MA O	SC FUNERAL DIRECTOR	00 0 0000	ADDRESS
MAR 1 5 1972 Jibber E. Se	Den ( )	4905 Yor	ns & Sons Co k Road Balto	., Md. 21212

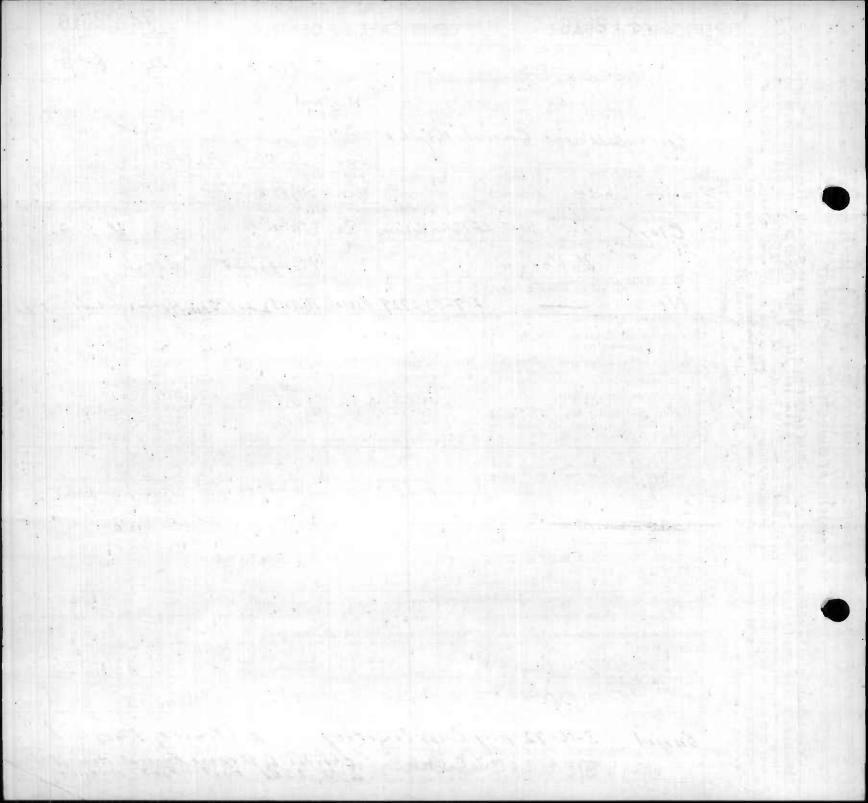
Settlemented Bulgarieral Survey & Town America Company Sant Then Line Into 

shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Beceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. Also, if the direct or contributing cause of death This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner.

5 1972

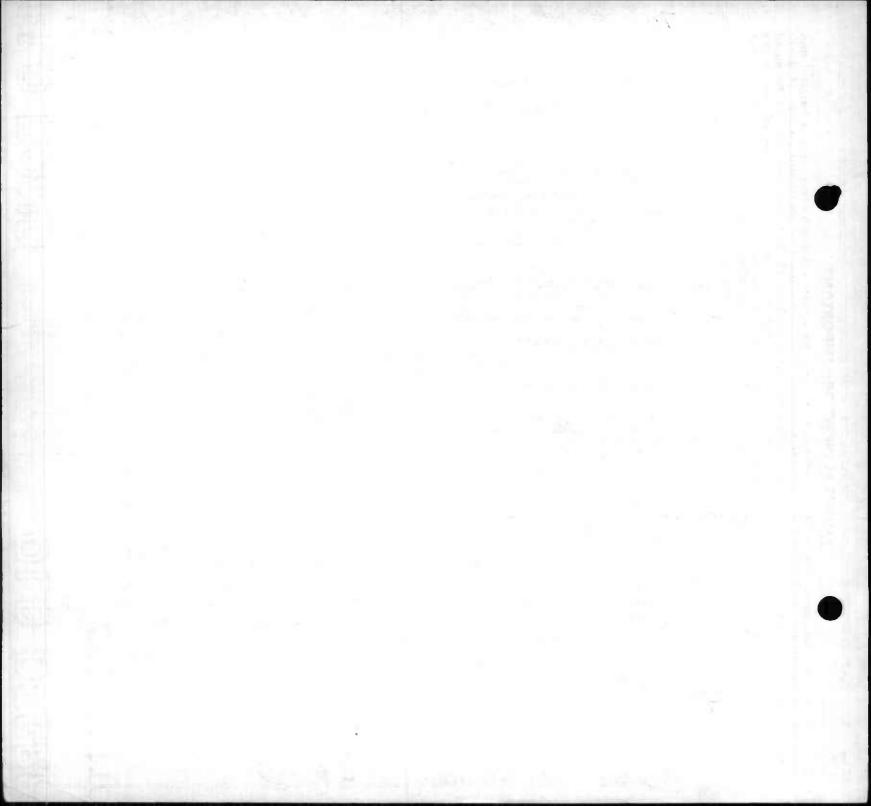
MAR 1

		BALTIMORE CITY H	EALTH DEPARTMENT	170	00040
	72 02616	CERTIFICAT	E OF DEATH	REG. NO.	02616
	BIRTH NO.  1. NAME OF DECEASED			HOUR OF DEATH	
	Antlitz, Irene			12,1972	1635 M
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCE		USUAL RESIDENCE (Where	deceased lived. If institution	residence before odmission)
	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION		Maryland		2404
	HOSPITAL OR ADDRESS OR LOCATION)		CITY OR TOWN	D. INSIDE CITY	LIMITS?
	Sent Bollnowy General	Henitel	Baltimore	YES [	NO [
	1 28 1/4 Dalling 1 0-1411	E	STREET AND NUMBER	01	
9	T 3		DATE OF BIRTH 19.		
mad		MENEK WAKKIED		st birthday)   Month	der 1 Yr. If Under 24 Hrs. Days Hours Min.
S	Female White WIDOWED 10A, USUAL OCCUPATION (Give kind of work 108, KIND OF BUS			Country) 112 C	ITIZEN OF WHAT COUNTRY?
E 0	done during most of working life, even if setired)		Scotland	12.0	
		Meter Vehicles			U. S.A.
sposition	13. FATHER'S NAME 2 2/4 Kyony		MOTHER'S MAIDEN NAME		/
dis			: 1/25-925	+T Wood	d
חמן	(Yes, no or unknown) (If yes, give wor or dotes of service)	SECURITY NO.	INFORMANT		ADDRESS
fin	NO - 21		Robert Antlitz 2	15 Oak Avena	
0	18.4421X	CAUSE OF DEATH	Λ		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
med	DISÉASE OR CONDITION DIRECTLY LEADING TO DEATH		•		1 DAV
E	(This daes not mean the made of dying, e.g.,	(A) IMMEDIATE CAUSE DUE TO, OR AS A C	ONSEQUENCE OF:		1000
pal	hearl failure, asthenia, etc. It means the disease, injury ar camplication which coused death.)	0	LEFT	1. 0 -1	1
e m	ANTECEDENT CAUSES	18 Meures	en of At. a	arotif all	ery -
are	DISEASES OR CONDITIONS, if any, giving	DUE TO, OR AS A	MOTH, C		17
	rise to the abave cause (A) stating the UNDERLYING CONDITION last.	(c)			<u>V</u>
remains	_ 11				
еш	O THE DEATH BUT NOT RELATED TO THE TERMINAL				
0	DISEASE OR CONDITION GIVEN IN PART 1 (A).  19A. DATE OF OPERATION 19B. CONDITION FOR WHICH	H OPERATION	20A. AUTOPSY? (Yes at No)	20B. IF YES, WERE FINDING	GS CONSIDERED
t +	WAS PERFORMED		YFC	IN CERTIFYING CAUSES O	F DEATH?
before	U 21A. ACCIDENT WAS UNDERLYING 21B. PLA	CE OF INJURY (e.g., in o	obout 21C. WHERE DID	(tf in Baltimare City,	give exact location)
bef	OR CONTRIBUTING CAUSE OF hame, for etc.)	orm, raciary, street, office	e blag., INJORT OCCOR:		
	W OF INTURY	URY OCCURRED	21F. HOW DID INJUI	RY OCCUR?	A
ained	(APPROX.) While A	Not While [			
bto	22. I certify that (I) (this hospital) attended the de	eceased from	19	to	19
0	that (1) (we) lost saw the deceosed olive an				
t be	ond haur ond from the causes stoted abave. (1) (W	e) (did) (did not) vie	w the body ofter death.	* 1	
must	23A. SIGNATURE		Dafh	10/05/5/ 238.0	ATE SIGNED
	Callen Jugas X	DEGREE Phys.		haff hys.	3/13/72
0 4 0	23C. PHYSICIAM'S NAME (Type)		O. ADDRESS	D A-A	
approval	GRIGOS, E.	A DEGREE	Soulle	Sal Terren	e Jear. Hap
	24A. BURIAL CREMATION, 24B. DATE 24C. NAME REMOVAL (Specify)	of CEMETERY OF CREM.			n, or county) (State)
written		Cross leine	25C, FUNERAL DIRECTOR	21/15057,1	Maryland
rit	25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF RE	EGISTRAR S	25C. FUNERAL DIRECTOR	TYVYSS Fuser	al Home Inc.
3	MAR 1 5 1972 RAGGE E 34	ARCHITECTURE OF THE PARTY OF TH	1501	EdsT ForT	AVENUE



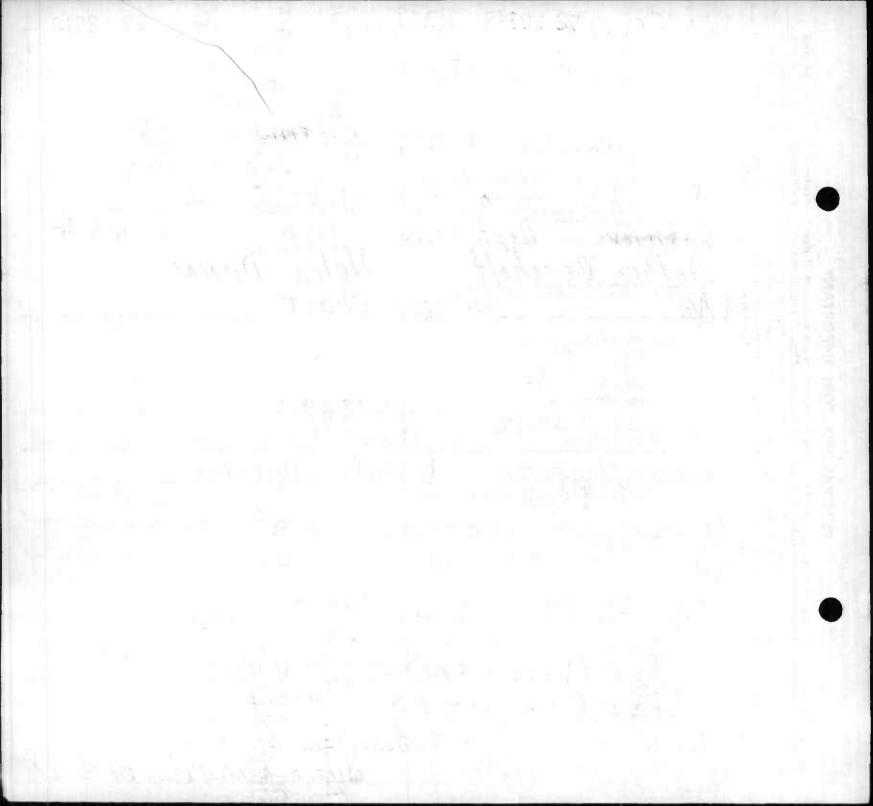
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

Die	12-2011		TE OF DEATH	Sales that	72 - 2617
1,6	TH NO.  AME OF DECEASED  OF OF PRINT)  ARE OF DECEASED  OF PRINT)	PP.		NO HOUR OF DEATH	977, 1230 0
3.	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEA	ND ND	4. USUAL RESIDENCE (WHA. STATE / B. COU	ere deceased lived. If ins	stitution: residence before admission)
HC	LL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE ADDRESS OR LOCATION)	E STREET	C, CITY ORTOWN	1+, C. T.Y.	DE CITY LIMITS?
,	NHON MEMORIAL TTOS	,	BALT.	, INS.	YES NO
	BAST. and 210	2/8	E. STREET AND NUMBER	Le Terre	Are.
5.	P O O O O O MARKED NEVER	MARRIED	8. DATE OF BIRTH	9. AGE (In years lost biethday)	H Under 1 Yr. II Under 24 Hrs. Months Days Hours Min.
10A don	USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS ( a during most of working life even if retired)	OR INDUSTRY	11. BIRTHPLACE (State or for	reign country)	12. CITIZEN OF WHAT COUNTRY?
10	House wife -		OUARY IN	Md	108H.
130	HARRY MAJONE		Mary Marien	an bie	
15. (Ye	Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL SECURI	TY NO.	17. INFORMANT	101	ADDRESS
	NO - 2160	50900	UINCEN!	TSHARP	SAME
	DISEASE OR CONDITION DIRECTLY	SE OF DEATH	ant.	O lail	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	this does not mean the mode of dying and the heart frilles gethering als it means the distance of the distance	MARDIATE CAU	CONSEQUENCE OF:	ce factive	***************************************
	ANTECEDENT CAUSES		hugantion		
			A CONSEQUENCE OF:	SCHO	***************************************
	UNDERLYING CONDITION Ides. (C)	1672	There is	acure)	***********
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	50	hip		***************************************
RTIFIC	19A-DATE OF OPERATION 19B CONDITION FOR WHICH OFEI WAS PERFORMED X	ATION D	20 A AUTOPSY? (Yes or N	IN CERTIFYING CAU	INDINGS CONSIDERED
1	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF home, form, loci	NJURY (e.g., in ory, street, off	or obout 21C. WHERE DID	301/2 to 00	City, give exect location)
EDICAL	21D. YIME (Month) (Doy) (Year) (Hour) 21E INJURY OC		21F. HOW DID IN	JURY OCCUR?	PIVE
Z	(APPROXI Deb 5 72 ? While At [	Not While At Work	Pt. Pt.	12/1 do	WN
1	22. I certify that (I) (this hospital) attended the decease	d from	/	.19toa	130 1972
	that (I) (we) lost sow the deceased alive on	100			Ion death occurred on the date
	ond hour ond from the causes stated abave. (1) (We) (did	Xaia noi/ VI	ew the bady after deoth.		23 B. DATE, SIGNED
	23 C. PHYSICIAN'S	DEGREE Phys.		Shaff Phys.	2/20/72
	NAME (Type)		3D. ADDRESS		
24A	BURIAL CREMATION, 24B. DATE 24C, NAME of CEN	DEGREE OF CRE	MATORY 24D.	LOCATION (City	, lown, or county) (State)
25	DATE REC'D BY HEALTH DEPT. 258, NAME OF REGISTRA	rette	25C PUNERAL DIRECTO	rete: 1	ADDRESS A
	MAR 1 5 1972 Raber E. Jaller Fe B	80	O Gradel	of flever	I surrel fore
VS	150-REV. 1/168	· · · · · · · · · · · · · · · · · · ·	, , , , ,		



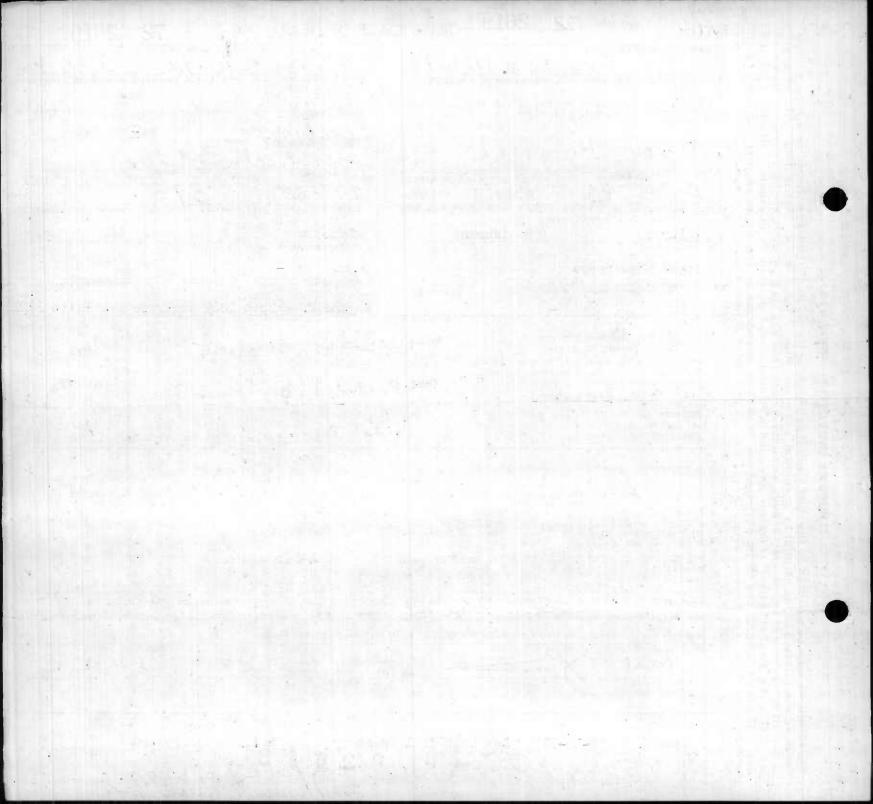
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	1 101	BALTIMORE CITY	HEALTH DEPARTMENT		Latina a -
1	W-426 (WILLS 88) 18	CERTIFICA	TE OF DEATH	REG. NO.	72 02618
	1. NAME OF DECEASED (Type or Print)	M s A A A	2. DATE AND	HOUR OF DEATH	1) 140 04
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED	DEAD	4. USUAL RESIDENCE (Where of	lecedsed tived. Il inst	itutiant residence before admission
	FULL NAME OF HOSPITAL OR INSTITUTION, ADDRESS OR LOCATIONI	GIVE STREET	COTY OR TOWN	ID. INSID	E CITY LIMITS?
	MARY LOND Circul	(dos)	BALTINON E. STREET AND NUMBER		YES NO 🗆
	3 MAICH CANADA COLLEGE	14.14	1322 WE	lain a	we.
	WIDOWED	DIVORCED [	3/8/00 108	12	II Under 1 Yr. II Under 24 Hrs. Months Doys Haus Min.
	10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSIN done during most of working life, even if revired)	C-LINDUSTRY	11. BIRTHPLACE (State or foreign	country	12. CITIZEN OF WHAT COUNTRYS
	13. FATHER'S NAME	STORE	14 MOTHER'S MAIDEN NAME		43/1
	15. Was Decembed Ever in U. S. Armed Forces? 116.50	CIAL	Helen 1	UNN	ADDRESS
	(Yes, go or unknown) (If yes, give war or dates of service)   SE	CURITY NO. 8 0/ 280/	Chart		WANTAR
	18.4/2.441 250.9	CAUSE OF DEATH	0,000		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	(A)IMMEDIATE CAUS	SUPSIC		
	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, Injury or complication which coused death.)	DUE TO, OR AS A	CONSEQUENCE OF:		
	ANTECEDENT CAUSES	(B) (1	(I) AL		
	DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last,	(c) DE S	A CONSEQUENCE OF:		
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  179A. DATE OF OPERATION 179B. CONDITION FOR WHICH WAS PERFORMED  21A. ACCIDENT WAS UNDERLYING 121B. PLACE	Diat	retis Mell	itus	
	19A DATE OF OPERATION 19B CONDITION FOR WHICH WAS PERFORMED	OPERATION	20A-AUTOPSYR (Yes of No.)	OR IF YES, WERE FI	NDINGS CONSIDERED SES OF DEATH?
	OR CONTRIBUTING CALIFE OF COM	OF INJURY (e.g., in factory, street, off	or obout 21C, WHERE DID ice bidg, INJURY OCCUR?	(II In Boltimore	City, give exact location)
	OF INJURY While AI	RY OCCURRED Nat While	215. HOW DID INJUR	Y OCCUR?	
	22. I certify that (1) (this hospital) attended the dec	At Wark	2/()19	72 to 3	112 1972
	that((i) (we) last sow the deceased alive on	neur		in (my) (our) opin	Ion dooth occurred on the dote
	and hour and from the couses stated obave. (1) (We)	(did) (did not) vi	lew the body ofter death.	1	238. DATE SIGNED
	23 C. PHYSICIAN'S COMMONS	S Phys.	Med. Sh Director Phy		3/12/2
in an indan	NAME (Type)	to ma	MOLA	_	
	24A. BURIAL CREMATION, 24B. DATE 24C. NAME OF		MATORY 24D. 100	ATION (City	, town, or countyl (State)
	25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REG	STRAR	12 CM DE 259 JUNERAL DIRECTOR	110 111	BADDRES 10
	MAR 1 5 1972 Hobers E. Jakes Ma.	1000	ByRger to	nerel Ho.	ine Bz/to Ml
	VS 150-REV. 1/1/68		Here Thou	use In	



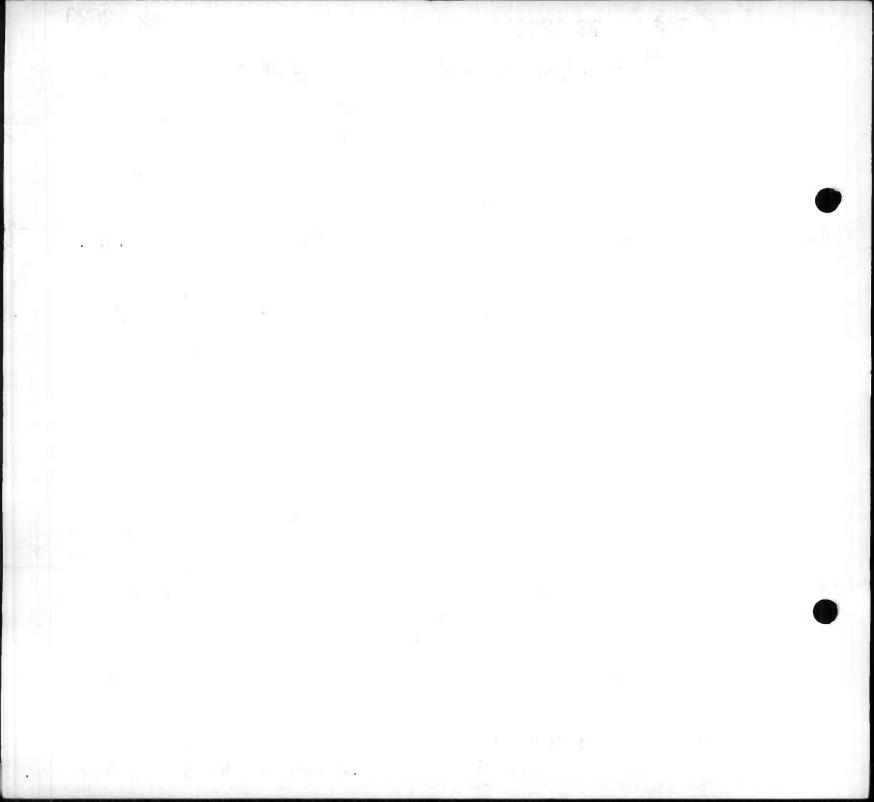
was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

11.0		51000	BALTIMORE CITY	HEALTH DEPARTME	NT	
BIRTH NO.		02619	CERTIFICA	TE OF DEA		72 02619
1.NAME OF DE (Type or Print)	CEASED	01	1-11	2. D.	ATE AND HOUR OF DEATH	2. EF D
3. PLACE IN BA	ALTIMORE, MARYLAND, WH	HERE PRONOUNCED	DEAD	4. USUAL RESIDENC		institution: residence before admission)
FULL NAME OF HOSPITAL OR	F (IF NOT IN HOSPITA ADDRESS OR LOCA	L OR INSTITUTION, TION)	GIVE STREET	A. STATE B.	D. IN	SIDE CITY LIMITS?
7Mer	cy Hosp	DITAL		BALT IT	J. Va	YES NO
5. SEX	6. RACE	7		8. DATE OF BIRTH	9. AGE (In years	II Under 1 Yr. II Under 24 Hrs.
F	W	MARRIED NE	DIVORCED	2-17-33	3 lost birthday 39	Months Doys Hours Min.
	CUPATION (Give kind of wark) al warking life, even if retired)	OB. KIND OF BUSIN	IESS OR INDUSTRY	11. BIRTHPLACE (Stote	or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Waitre		Restauran	ь	Michigan		USA
13. FATHER'S NA		200200000		14. MOTHER'S MAID	EN NAME	
Jonas	Shawanesse			Edna	-	
15. Was Decease (Yes, no or unknow	ed Ever in U. S. Armed Farc		CIAL CURITY NO.	17. INFORMANT		ADDRESS
No	_			Eugene F. A	bbott 2069 Roc	krose Ave Balto 2121
18. 5 17	1,81		CAUSE OF DEAT			APPROXIMATE INTERVAL
DISE	ASE OF CONDITION DIR	ECTLY	MALLO	27 - WEISS	64.100 -	d
(This does	LEADING TO DEATH	dutan an	(A) IMMEDIATE CAL	A CONSEQUENCE OF:	SINDROME	Mays
heart failure	not mean the made of a sthenia, etc. It means	the disease,				,
injury or co	amplication which caused	death.)	CER P	ortal hy	bertansion	months
	ANTECEDENT CAUSES		(B)	A CONSEQUENCE OF		
rise to t	OR CONDITIONS, if a the above couse (A) NG CONDITION last.		(c) Por			42
	IFICANT CONDITIONS CON ATH BUT NOT RELATED TO TH					
<b>▼</b> DISEASE OR	CONDITION GIVEN IN PART	I (A).		[20.4	h 1 000 to year	
DISA. DATE O	OF OPERATION 19B. CONE		OPERATION	20A. AUTOPSY? (Ye	IN CERTIFYING C	FINDINGS CONSIDERED AUSES OF DEATH?
OR CONTRI	BUTING CAUSE OF	21B. PLAC home, form etc.)	E OF INJURY (e.g., n, foctory, street, o	in or obout 21C. WHERE iffice bldg., INJURY OC	DID (If in Boltime	ore City, give exoct location)
OF INTURY		(Haur) 21E INJU	RY OCCURRED	215. HOW F	DID INJURY OCCUR?	
S OF HAJORI	(Manin Tody)	While At	Not Whi	le 🗂	, o mook occor.	
(APPROX.)		Work	At Work			
22. I certif	fy that (this hospital)	ottended the dec	eosed from3	-1-	19 72 10 3	1972.
thot () (we	e) lost sow the deceased	d olive on	3-10	19.72	ond that in (my) (our) op	Inion deoth occurred on the dote
ond hour o	nd from the couses state	ed obove. (I) (We)	(did) (did not)	view the body ofter	deoth.	
23A. SIGNAT	TURE 1					23B. DATE SIGNED
140	hal s, fan	colum	DEGREE	ending Med. Director	Staff Phys.	3-11-72
23C. PHYSIC	IAN'S (Type)		- Consu	23 D. ADDRESS		
	REMATION, 248. DATE	24C.NAME a	DEGREE CEMETERY OF CR	EMATORY	24D. LOCATION (0	City, tawn, or caunty) (State)
REMOVAL		27.				
Buri. 25A. DATE REC'		New Car	thedral Ce	metery	Baltimore Mar	yLand
MAR 1	1972 Robert &	Jaber, M.		1 1 1 1	meral Home. Ba	lto Md.
VS 150-REV. 1/1	1/6B			By: Win	111111111111111111111111111111111111111	4

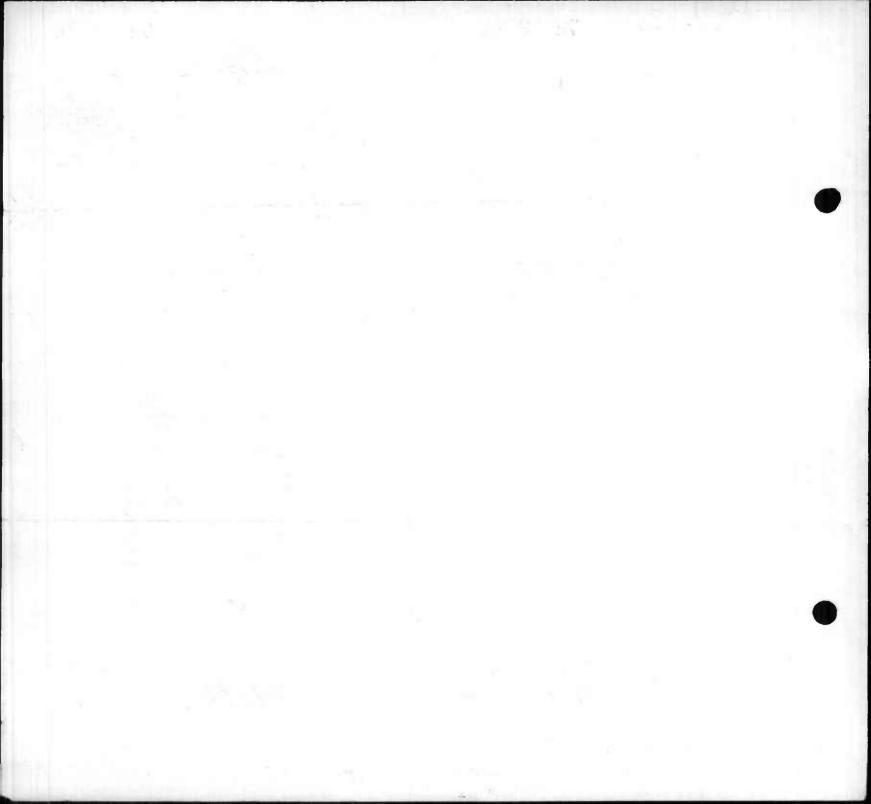


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K-510 72 02620		HEALTH DEPARTMENT	REG. NO. 72 02620
BIRTH NO.	CENTITICA		HOUR OF DEATH
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRON	OPP	13-9-	72 11:55 P.A. deceased lived. If institution; residence before admission
FULL NAME OF (IF NOT IN HOSPITAL OR INSTI HOSPITAL OR ADDRESS OR LOCATION)		md.	2008
A LE LES LES LES LES LES LES LES LES LES	Maryland	C. CITY OR TOWN  Bultures  E. STREET AND NUMBER	D. INSIDE CITY LIMITS?  YES NO
46 Baltimore	/	400871/hss	rehusetts are.
male. White WIDOWEL			AGE (In years If Under 1 Yr. If Under 24 Hr st birthdoy) Months Doys Hours Min.
IOA, USUAL OCCUPATION (Give kind of work 108, KIND Common during most of working life, even if refired)  Cab Driver	F BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or foreign	
13. FATHER'S NAME		Maryland 14. MOTHER'S MAIDEN NAM	U.S.A.
15 W. D. L.		2	
15. Was Deceosed Ever in U. S. Armed Forces?  (Yes, no or unknown) (If yes, give wor or dotes of service)	SECURITY NO.	17. INFORMANT	4008 ADDRESS
	214-03-0038		Knopp Massachusetts Av
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	CAUSE OF DEATH		dual Inforction
(This does not meen the mode of dying, e.g. heart failure, asthenia, etc. It means the discose injury or complication which coused death.)	\^/	CONSEQUENCE OF:	4
ANTECEDENT CAUSES	At	heroselerosis	
DISEASES OR CONDITIONS, if any, giving rise to the above couse (A) stating the UNDERLYING CONDITION last.	(c)	a consequence of:	R .
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL	(4)		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  19A. DATE OF OPERATION 19B. CONDITION FOR WAS PERFORMED	WHICH OPERATION	20A. AUTOPSY? (Yes or No)	208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING 21	R. PLACE OF INJURY (e.g., in ne, form, foctory, sheet, offi )	or obout 21 C. WHERE DID ce bldg., INJURY OCCUR?	(If In Boltimore City, give exact location)
21D.TIME (Month) (Doy) (Yeor) (Hour) 21E OF INJURY (APPROX.)	INJURY OCCURRED	21F. HOW DID INJUI	Y OCCUR?
22. I certify that (I) (this hospital) attended to	AT WORK	2/3/	70 212
that (i) (we) lost saw the deceased alive on_	ne deceased from	land a	72 to 3 9 1972
and hour and from the causes stated obove. (	1) (We) (did) (444-44) vil	That are a second second second	in (my) (our) opinion death occurred on the do
23A. SIGNATURE	7 (110) (010) (010 1101) (1	ew the body offer death.	238, DATE SIGNED
Albam	DEGREE Phys.	ding Med. St.	off 10/72
23C.PHYSICIAN'S NAME (Type) 5.BASU	2.	D. ADDRESS	ospiral of Maryland.
	AME of CEMETERY OF CREA	V/00/1	ATION (City, town, or county) (Stotel
Burial 3/13/1972	Loudon Park	Bal	timore, Maryland
25A. DATE REC'D BY HEALTH DEPT. 25B, NAME	OF REGISTRAR O	25C, FUNERAL DIRECTOR	wab 3512 Frederick Ave



BALTIMORE CITY HEALTH DEPARTMENT 72 02621 CERTIFICATE OF DEATH REG. NO. Deceased Such BIRTH NO. death I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH ПО (Type or Print) hospital of 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceosed lived, if institutions residence before A. STATE B. COUNTY attendance (4) Undetermined cause; (5) contributing cause 22 (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) FULL NAME OF T HOSPITAL OR C. CUX OR TOWN D. INSIDE CITY LIMITS? 0 YES 🔁 No 🗌 prior E. STREET AND NUMBER 2 0 regular mad 5. SEX 6. RACE 9. AGE (In years last birthdoy) If Under 1 Ya DATE OF BIRTH deceased MARRIED NEVER MARRIED If Under 24 Hrs. WIDOWED DIVORCED 10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? disposition done alring most of working life, even if retired? death Ξ Mas the 4. MOTHER'S MAIDEN NAME direct assistant death 0 15. Was Deceased Ever in U. S. Armed Farces? (Yes, no or unknown) (If yes, give war ar dotes of service) kind; 6. SOCIAL 17. INFORMANT final SECURITY NO. attendance 09 143 any pronounced 0 18. CAUSE OF DEATH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY regular atter of LEADING TO DEATH (A) IMMEDIATE CAUSE fracture IThis does not mean the made of dying, e.g., DUE TO, OR AS A CONSEQUENCE O heart failure, asthenia, etc. Il means the disease, injury at camplication which caused death.) ANTECEDENT CAUSES who (B) DUE TO, OR AS A CONSEQUENCE OF: are 4 DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the the physician UNDERLYING CONDITION last. remains MOS 11 CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). physician the Body 208 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 19A-DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No) 0 WAS PERFORMED before 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF Where 218. PLACE OF INJURY (e.g., in ar obout 21C. WHERE DID hame, farm, factory, street, affice bldg., INJURY OCCUR? (If in Boltimare City, give exoct location) to the hospital °Z MEDICAL DEATH (natify medical examined etc any nature; obtained 9 21 D. TIME (Month) (Doy) (Year) (Haud 21 & INJURY OCCURRED 21F. HOW DID INJURY OCCUR? (except Not While (APPROX.) and At Work Wark 22. I certify that (1) (this hospital) attended the despased from pe that (1) (we) lost saw the deceased olive on and that in (my) (our) opinion deoth accurred on the date o hospital death) must and hour and from the causes stated above. (1) (We) (did) (did not) view the body after death. An accident SA. SIGNATURE 23B. DATE SIGNED Attending Med. Director 2 approval Phys. 8 23C. PHYSICIAN'S NAME Type prior 23D. ADDRESS to D.O.A. 24A. BURIAL CREMATION, 24C. NAME OF CEMETERY OF CREMATORY eceased 24D. LOCATION (City, (Stote) town, or county! written Was 25A. DATE REC'D BY HEALTH 25CE PUNERAL DIRECTOR U VS 150-REV. 1/1/68



#### E-212 MEDICAL EVALUE CITY HEALTH DEPARTMENT

72	02622
16	0.00

BIRTH NO.	REG. NO.	
1. NAME OF DECEASED	2. DATE Known KK Month Doy	Yeor Hour
(Type or Print) Russell Edward Esposite	OF 7 3 11	72
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Doy	Yeor Hour
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL ADDRESS OR LOCATION)	PRONOUNCED DEAD 3 11	72 5:40 p. <sub>M.</sub>
525 S. Luzerne Avenue	5. USUAL RESIDENCE (Where deceosed lived. If institution: A. STATE B. COUNTY Md.	residence before odmission)
6. SEX 7. RACE 8. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE CITY	Y LIMITS?
male White WIDOWED DIVORCED		NO 🗆
9. DATE OF BIRTH 10. AGE (In years If Under I Yr. II Under 24 Hrs. 12/28/1922 Iost birthdoy) Hours Months, Doys Hours Min.	525 S. Luzerne Avenue	
11. BIRTHPLACE(State or foreign country)  12. CITIZEN OF WHAT COUNTRY?	WILLIAMLESOOSIT	E
14A.USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTR	Y IS. MOTHER'S MAIDEN NAME	U - S - E I - A
done during most of working lite, even if retired) Kimpall TVICE	MADIE SHINLEY	
16. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL	18. INFORMANT ADI	DRESS
(Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO.	all who m too = = &	217/1/10 50
189.11.19 11 CAUSFOF DEA	MIK. WIII. 111. E 405/7E	APPROXIMATE INTERVAL
14/1,4	1 1 1 1	BETWEEN ONSET AND DEATH
DISEASE ON CONDINON SINCERE.	sclerotic cardiovascular disea	se
LEADING TO DEATH (A)IMMEDIATE (		
heort toilure, osthenio, etc. It meons the diseose,	AS A CONSEQUENCE OF:	
injury or complication which coused death.)		15050
ANTECEDENT CAUSES (B)		
DISEASES OR CONDITIONS, IF ANY, GIVING PUE TO, OR RISE TO THE ABOVE CAUSE (A) STATING THE	AS A CONSEQUENCE OF:	
UNDERLYING CONDITION LAST		
0		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W		
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W	AS PERFORMED	21. AUTOPSY? (Yes or No)
3 7		
22A. EXTERNAL CAUSE WAS   22B. PLACE OF INJURY(e.g.,	in as about 22C WHERE DID (II to Baltimore City sine and	yes
UNDERLYING OR CONTRIB- home, form, foctory, street, office UTING CAUSE OF DEATH.	in or obout 22C. WHERE DID (II in Boltimore City, give exoct to bidg., etc.)	Tocurion)
DF INJURY (Month) (Doy) (Yeor) (Hour) 22E, INJURY OCCURRED	22F. HOW DID INJURY OCCUR?	
MHILE AI NOI	WHILE U	
23.		
1 certify that I held an Inquiry Inspection Au	ond that on this basis, deoth In my o	pinion
resulted from: Natural couses XX Accident Suici	de 🗌 Homicide 🔲 UndetermIned monner 🗌	
T 1.1501110	CHIEF MEDICAL EXAMINER	DATE SIGNIED
SIGNATURE SUMMY MILE M.E.	ASSISTANT MEDICAL EXAMINER	DATE SIGNED
SIGNATURE EXAMINER'S Peter Lipkovic, M.D.	ASSOCIATE MEDICAL EXAMINER	3/12/72
NAME (Type)		
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY	OF CREMATORY 24D. LOCATION (City, town,	or county) (State)
REMOVAL (Specify) 3/16/19 MAKI ALLY (	EMETERS POSTIMO	- mo
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	2SC FUNERAL DIRECTOR, AD	DRESS
MAR 1 5 1972 200 E Nather M. 27	1/1 / 6	DRESS 2525
man to rote another thank that	AAMENS L. MACZOROW	SKI FLEET ST.
VS 151.REV 1/1/68		

12/28/1922 4. S.A. WILLIAM LESPOSITE MARKALLO KIMBULL-THER MORIE SHIPLEY! LIBORER 212-12-1229 MR. 1100. 111 1 Specine 817 116. YES WWTE Luciel 3/15/72 Ochland Comerces , Butsinive 1743 Same of Marchaelle File

240 NAME of CEMETERY or CREMAJORY

25B. NAME OF REGISTRAR

24D. LOCATION

25C FUNERAL DIRECTOR

(City, town, or county)

**ADDRESS** 

(Stote)

2525

24A. BURIAL CREMATION, REMOVAL (Specify)

25A DATE REC'D BY HEALTH DEPT.

24B. DATE

Int 20, 1921 MARYLAND U.S. A. STEPHEN STRUBEL Sieresk . POLISHER KIRR SILVER YES ARMY WHIT BOW OLD WIRE BLACK STICKEL THE STURY BURIAL Blig 122 Se Sentisland Courses Dakrimile Miss. ROMEING L. KNOZIROWIKI FEEL

525		BALTIMORE CITY HEALTH DEPA
	72 02624	CERTIFICATE OF D

	72	0.595
NO		

THE NO. TO BEATH  THE CONTROL OF PAGE  CARL E. JOHNSON  CARL E. JOHNSON  DATE AND HOUSE OF BEATH  MARCH 9, 1972  7-30 P. M.  MARCH 9, 1972  7-30 P.  MARCH 9, 1972  10. LIVER HING COUNTY  MARCH 1981  10. LIVER HING COUNTY  MARCH 1981  10. LIVER HING COUNTY  MARCH 1	1 =25	BALTIMORE CI	TY HEALTH DEPARTMENT	72 02624
NAME OF DECEASED  PRACE IN BATTIMORE, MARILAND, WHERE FRONOUNCED DEAD  PRACE IN BROWN PROPERTY OF THE PRACE IN THE	J-360 72	02624 CERTIFIC	ATE OF DEATH REG. NO	
PLACE IN BATTOMS MARCH STATE TO THE PROPOSITION OF	NAME OF DECEASED			ATH.
THACE IN MALIDUS, MARITAND, WHER PRONOUNCED DIAD  WILL NAME OF ADDRESS ON LOCATION, CALLED TO THE STREET OF THE STREET ON THE ST			MARCH 9.	1972 1 7.30 P.
CHURCH HOME AND HOSPITAL  CHURCH HOME AND HOSPITAL  E. STREET AND NUMBER  25.24 FOSTER AVENUE  S. DATE OF BIRTH  D. NOSIGE CITY UMINS?  ADMINISTRY  NO  B. DATE OF BIRTH  D. NOSIGE CITY UMINS?  ADMINISTRY  NO  B. DATE OF BIRTH  D. NOSIGE CITY UMINS?  AND COCUPATION COUNTRY  NORTH CARPOLINA  U.S. A  L. MOTHER'S MADIEN NAME  L. HERICE JOHNSON  Was Deceased Ever in U.S. Amed Forces?  PATHER'S MAME  L. HERICE JOHNSON  Was Deceased Ever in U.S. Amed Forces?  14. MOTHER'S MADIEN NAME  L. HERICE JOHNSON  Was Deceased Ever in U.S. Amed Forces?  15. JOHNSON AND COUNTRY  LEADING TO DEATH  CAUSE OF DEATH  CAUSE OF DEATH  TO DISEASE OR CONDITION DIRECTLY  LEADING TO DEATH  CHURCH CAUSE (AR DIOCENTS OF MOSE COUNTRY NO. 240 AMERICAN COUNTRY OF MATERIAL AND PART AND PART ARE MOVED AND PART	3. PLACE IN BALTIMORE, MARYLA	ND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased fived. A. STATE B. COUNTY	If institution residence before admission
CHURCH HOME AND HOSPITAL  BALTIMORE  YES NO  NO  NARRED MENUE  STREET AND NUMBER  AND OCCUPATION (Give start of wath lock simple of business of incompared without like, which simple of whom like, which simple of whom like  which simple of whom like which simple of which simple	FULL NAME OF (IF NOT IN	HOSPITAL OR INSTITUTION, GIVE STREET	- Arms	103
STREET AND NUMBER   2524 FOSTER AVENUE   2524 FOS	1.1	AND HOSPITAL		_/
MARKED   NEVER MARRIED   N. DATE OF BIETH   S. DA	Choken mone		E. STREET AND NUMBER	
MARKELD   NOTES   DO   DO   DO   DO   DO   DO   DO   D			2524 FOSTER AVEN	UE
ADDRESS OR CONDITION DIRECTLY LEADING TO DEATH  CHIEF SON CONTRIBUTION  ANTECEDENT CAUSES  DISEASE OR CONDITIONS, il ony, giving his lot he obove couse (A) stelling the understand of the house of the	3.4		7000	Il Under 1 Yr. Il Under 24 Hr Months Doys Hours Min.
ARPENTER BATTH. STEEL NORTH CAROLINA  (ARPELNTER' NAME  LHERIGE JOHNSON  WES Deceased Ever in U. S. Anned Farcest and or unknown) fill year, give wor or delet of service and or unknown) fill year, give wor or delet of service and or unknown) fill year, give wor or delet of service and or unknown) fill year, give wor or delet of service and or unknown) fill year, give wor or delet of service and or unknown) fill year, give wor or delet of service and or unknown) fill year, give wor or delet of service and or unknown) fill year, give wor or delet of service and or unknown) fill year, give wor or delet of service and or unknown) fill year, give wor or delet of service and or unknown) fill year, give wor or delet of service and or unknown) fill year, give wor or delet of service and year.  It would be a service and year or year year, give year or year.  It would be a service and year or year year, give year or year.  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if only, giving first is to the obove course (AI stoling the UNDERLING CONDITION) for UNDERLING CONDITION (See It year).  IN CONDITION (See It year) for year year year year.  IN CERTIFICIAN SECONDITION (See It year) for year year year.  IN CERTIFICIAN SECONDITION (See Year) for year year year.  IN CERTIFICIAN SECONDITION (See Year) for year year.  IN CERTIFICIAN SECONDITION (See Year) fill year.  IN CERTIFICIAN SECONDITION	OA. USUAL OCCUPATION (Give kind	of work 108, KIND OF BUSINESS OR INDUST		12. CITIZEN OF WHAT COUNT
FATHER'S NAME  ELHERIGE JOHNSON  Was Decessed Ever in U. S. Amed Forest service)  ADDRESS  ADDRESS  ADDRESS  ADDRESS  ADDRESS  ADDRESS  ADDRESS  APPROXIMATE INTERNANT  LEADING TO DEATH  (This does not mean the mode of dying, e.g., heart bidius, estheria, etc. il means the discost, injury or complication which closed debth).  ANTECEDENT CAUSES  ANTECEDENT CAUSES  ANTECEDENT CAUSES  ANTECEDENT CAUSES  DUE TO, OR AS A CONSEQUENCE OF:  (C)	one during most of working tile, even if r	elired)		
Wes Decessed Ever in U. S. Amed Forces?  ADDRESS  ### OF Unknown   U. S. Amed Forces?  APROXIMATE INTERNAL  16. SOCIAL  17. INFORMANT  APROXIMATE INTERNAL  18. LEADING TO DEATH  CAUSE OF DEATH  (A) MMMEDIATE CAUSE  CAUSE OF DEATH  CAUSE OF DEATH  (A) MMMEDIATE CAUSE  CAUSE OF DEATH  CAUSE OF DEATH  (A) MMMEDIATE CAUSE  CAUSE OF DEATH  CAUSE OF DEATH  CAUSE OF DEATH  (B) MCS. LOKA TOHN S. N. 2524 FOSTER AVE  APROXIMATE INTERNAL  BETWEEN ONSET AND DEATH  (A) MMMEDIATE CAUSE  CAUSE OF DEATH  (B) MCS. LOKA TOHN S. N. 2524 FOSTER AVE  APROXIMATE INTERNAL  FETTER AVE  APROXIMATE INTERNAL  FETTER AVE  CAUSE OF DEATH  (A) MMMEDIATE CAUSE  CAUSE OF DEATH  (B) MCS. LOKA TOHN S. N. 2524 FOSTER AVE  APROXIMATE INTERNAL  FETTER AVE  APROXIMATE INTERNAL  FETTER AVE  CAUSE OF DEATH  (A) MMMEDIATE CAUSE CARDIOGENIC SHOCK  (B) MCS. LOKA TOHN S. N. CERL  FETTER AVE  APROXIMATE INTERNAL  FETTER AVE  APROXIMATE INTERNAL  FETTER AVE  CAUSE OF DEATH  (A) MMMEDIATE CAUSE CARD  APROXIMATE INTERNAL  FETTER AVE  APPORT  APPORT  APPORT  APPORT  APPORT  APPORT  APPORT  APPORT	3. FATHER'S NAME	WEIH. VILEL		V. S. A.
Wee December See In U. S. Ammed Forces?  No Or Unknown III yes, give wor or doles all service)  16. J.		OHNSON		6 hours and south
SECURITY NO.  245 43-7857  MRS. LORA JOHNSON 2524 FOSTER AVE  CAUSE OF DEATH  (This does not mean the mode of dying, e.g., heet foliuse, estheric, etc. if means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, giving rise to the obove cause (A) stofing the UNDERTING CONDITION lost.  (C).  OTHER SIGNIFICANT CONDITION Set.  OTHER SIGNIFICANT CONDITION SE				
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This does not mean the mode of dying, e.g., heat follow, eashed, etc. If means the disease, injury or complication which caused death.]  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, giving fise to the above cause (A) stoling the UNDERLYING CONDITION lost, (C).  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION (Fin N N N I DISEASE OR CONDITION IN THE CONDITION SCONTIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION (Fin N N N I DISEASE OR CONDITION (Fin N N N I DISEASE OR CONDITION FOR WHICH OFERATION 19A CONDITION FOR WHICH OFERATION FOR WHICH OFERATION 19A CONDITION 19A CONDIT			CARREAG CHEC COMER	9.40112=
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ANTECEDENT CAUSES  DISEASES OR CONDITIONS, il any, giving fise to the obove cause (A) stoling the UNDERLYING CONDITION lost.  II OTHER SIGNIFICANT CONDITION SCONTRIBUTING TO THE TERMINAL DISEASE OR CONDITION GONDITION FOR WHICH OPERATION LOSS OR CONDITION GIVEN IN PART I (A).  13 / 9 / 7 2	heart failure, astheria, etc. It	means the disease,	A CONSEQUENCE OF:	100
DISEASES OR CONDITIONS, il any, giving rise to the above cause (A) stoling the UNDERLYING CONDITION last.  (C)		4	2000	
INDERLYING CONDITION last.  (C)		(B) / 1001 C	DIAPHRAGMATIC MYOCARDIAL	INFARCTON 4 DAYS
UNDERLYING CONDITION Jast.  (C)			S A CONSEQUENCE OF:	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELIATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  194-DATE OF OPERATION 1956. CONDITION FOR WHICH OPERATION WAS PERFORMED TEMPORARY PACE MAKER TISERTON FOR BRADYCARDJA  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH?  21A. ACCIDENT WAS UNDERLYING OR BRADYCARDJA  21A. ACCIDENT WAS UNDERLYING CAUSE OF DEATH?  ASSETTION FOR BRADYCARDJA  21A. ACCIDENT WAS UNDERLYING CAUSE OF DEATH?  ASSETTION FOR BRADYCARDJA  21A. ACCIDENT WAS UNDERLYING CAUSE OF DEATH?  ASSETTION FOR BRADYCARDJA  21A. ACCIDENT WAS UNDERLYING CAUSE OF DEATH?  ASSETTION FOR BRADYCARDJA  21A. ACCIDENT WAS UNDERLYING CAUSE OF DEATH?  ASSETTION FOR BRADYCARDJA  21A. ACCIDENT WAS UNDERLYING CAUSE OF DEATH?  ASSETTION FOR BRADYCARDJA  21B. FILME OR CONTRIBUTING CAUSE OF DEATH?  ASSETTION FOR BRADYCARDJA  21C. FILME OF INJURY OCCUR?  CAPPROX.)  While AI	UNDERLYING CONDITION IO		*************************************	
TO THE DEATH BUT NOT RELATED TO THE TERMINAL     DISEASE OR CONDITION GIVEN IN PART   (A).     19A. DATE OF OPERATION   19R. CONDITION FOR WHICH OPERATION     3 / 9 / 7 2				
DISEASE OR CONDITION GIVEN IN PART I (A).  19A. DATE OF OPERATION 19A. CONDITION FOR WHICH OPERATION WAS PERFORMED TEMPORARY FACE MAKER VES IN CERTIFYING CAUSES OF DEATH?  21A. ACCIDENT WAS UNDERLYING Nor CRAPY CARDIA  21A. ACCIDENT WAS UNDERLYING Nor COUNTING CAUSE OF DEATH?  21A. ACCIDENT WAS UNDERLYING Nor Counting CAUSE OF DEATH?  21B. PLACE OF INJURY (e.g., In or about 21C. WHERE DID home, form, lociory, street, office bldg, INJURY OCCUR?  21D. TIME (Monith) (Doy) (Year) (Hour) 21E. INJURY OCCURRED While At Work Nor	OTHER SIGNIFICANT CONDITION	S CONTRIBUTING		
WAS PERFORMED TEMPORARY PACE MAKER   YES   IN CERTIFYING CAUSES OF DEATH?	I DISEASE OR CONDITION GIVEN	IN PART I (A).	100	
21A. ACCIDENT WAS UNDERLYING   21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID OR CONTRIBUTING CAUSE OF DEATH (notify medical examined)   21B. PLACE OF INJURY OCCUR?   21B. THOMBOME, form, loctory, street, office bldg., INJURY OCCUR?   21D. TIME (Month) (Doy) (Year) (Hour)   21E. INJURY OCCURRED   21F. HOW DID INJURY OCCUR?   21D. TIME (Month) (Doy) (Year) (Hour)   21E. INJURY OCCURRED   21F. HOW DID INJURY OCCUR?   21D. TIME (Month) (Doy) (Year) (Hour)   21E. INJURY OCCURRED   21F. HOW DID INJURY OCCUR?   21D. TIME (Month) (Doy) (Year) (Hour)   21E. INJURY OCCURRED   21B. HOW DID INJURY OCCUR?   21D. TIME (Month) (	3 3 / 9 / 7 2 W	is performed temporary pace make	P thi committee	RE FINDINGS CONSIDERED CAUSES OF DEATH?
DEATH (nosily medical examine)    DEATH (nosily medical examine)	33/9/72 WA	ERTION FOR BRADYCARDIA		C'i
While At Work   Not While   At Work   Not While   At Work   Not While   At Work   Not While   At Work   Not While   At Work   Not While   At Work   Not While   Not Work   N	, OR CONTRIBUTING CAUSE O	F home, form, loctory, street,	office bldg. INJURY OCCUR?	more City, give exact location;
While At Work   Not While   Not While   Not While   Not While   Not While   Not Work   Not While   Not Work   Not While   Not Work	21 D. TIME (Month) (Doy)	(Yeor) (Hour) 21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
22. I certify that (5) (this hospital) attended the deceased fram 3.8.1972 1972 ta 3.9 1972 that (5) (we) last saw the deceased alive an 3.9 1972 and that In (ms) (60) apinian death occurred an the da and haur and fram the causes stated abave. (4) (We) (did) (did not) view the body after death.  23A. SIGNATURE  REPROPERS  NAME (Type)  RUSTUM IRANI  1.D. Attending Med. Director Phys. 23B. DATE SIGNED  Phys. DEGREE  23D. ADDRESS  NAME (Type)  RUSTUM IRANI  1.D. CHURCH HOME AND HOSPITAL  24C. NAME of CEMETERY of CREMATORY  REMOVAL (Specify)  BURIAL CREMATION. 24B. DATE  24C. NAME of CEMETERY of CREMATORY  BURIAL CREMATION. 24B. DATE  24C. NAME of CEMETERY of CREMATORY  BURIAL CREMATION. 24B. DATE  24C. NAME of CEMETERY of CREMATORY  BURIAL CREMATION. 24B. DATE  24C. NAME of CEMETERY of CREMATORY  BURIAL CREMATION. 24B. DATE  24C. NAME of CEMETERY of CREMATORY  BURIAL CREMATION. 24B. DATE  24C. NAME of CEMETERY of CREMATORY  BURIAL CREMATION. 24B. DATE  24C. NAME of CEMETERY of CREMATORY  BURIAL CREMATION. 24B. DATE  24C. NAME of CEMETERY of CREMATORY  BURIAL CREMATION. 24B. DATE  24C. NAME of CEMETERY of CREMATORY  BURIAL CREMATION. 24B. DATE  24C. NAME of CEMETERY of CREMATORY  BURIAL CREMATION. 24B. DATE  24C. NAME of CEMETERY of CREMATORY  BURIAL CREMATION. 24B. DATE  24C. NAME of CEMETERY of CREMATORY  BURIAL CREMATION. 24B. DATE  24C. NAME of CEMETERY of CREMATORY  BURIAL CREMATION. 24B. DATE  24C. NAME of CEMETERY of CREMATORY  BURIAL CREMATION. 24B. DATE  24C. NAME of CEMETERY of CREMATORY  BURIAL CREMATION. 24B. DATE  24C. NAME of CEMETERY of CREMATORY  BURIAL CREMATION. 24B. DATE  24C. NAME of CEMETERY of CREMATORY  BURIAL CREMATION. 24B. DATE  24C. NAME of CEMETERY of CREMATORY  BURIAL CREMATION. 24B. DATE  24C. NAME of CEMETERY of CREMATORY  BURIAL CREMATION. 24B. DATE  24C. NAME of CEMETERY of CREMATORY  BURIAL CREMATION. 24B. DATE  24C. NAME of CEMETERY of CREMATORY  BURIAL CREMATION. 24B. DATE  24C. NAME of CEMETERY of CREMATORY  BURIAL CREMATION. 24B. DATE  BURIAL CREMATION. 24B. DATE  BURIAL CREMAT	Or MIORI	While At Not Wi	ile [ -	
that (b) (we) last saw the deceased alive an 3.9 19.72 and that In (ms) (ou) apinian death occurred an the do and haur and fram the causes stated abave. (b) (we) (did) (did not) view the body after death.  23A. SIGNATURE  REPROSERVE TO THE SIGNED Phys.  23B. DATE SIGNED Phys.  23D. Advending Med.  Director Phys.  23D. ADDRESS  NAME (Type)  RUSTUM IRANI  DEGREE  24C. NAME of CEMETERY of CREMATORY  DEGREE  24D. LOCATION (City, town, or county)  (Stote)  OUR IA L. MARCH 13 MM BELAIR MEMBRIAL PARK (EM.)	22 I sould the Market In L.		A 43 / 4854	2 4 70
and haur and from the causes stated abave. (H) (No (did) (did not) view the body after death.  23A. SIGNATURE  REPORT OF THE SIGNED Attending Director Phys. (23B. DATE SIGNED Phys. Director Phys. (23D. ADDRESS NAME (Type) RUSTUM IRANI PAGE  23C. PHYSICIAN'S NAME (Type) RUSTUM IRANI PAGE  23D. ADDRESS  CHURCH HOME AND HOSPITAL  24C. NAME of CEMETERY of CREMATORY  BURIAL CREMATION. (24B. DATE PAGE PAGE PAGE PAGE PAGE PAGE PAGE PAG		2 2	77.0	
Rustum Isam M.D. Attending Med. Director Shoff Much 9, 1972  23C. PHYSICIAN'S NAME (Type) RUSTUM IRANI M.D. CHURCH HOME AND HOSPITAL  BURIAL CREMATION. 24R. DATE 24C. NAME OF CREMATORY 24D. LOCATION (City. lown, or county) (Stote)  BURIAL MARCHIS MIN BELAIR MEMORIAL PARK (EM.)	, O.			apinian death occurred an the do
RUSTUM JAME (Type)  RUSTUM IRANI  DEGREE  23D. ADDRESS  CHURCH HOME AND HOSPITAL  BURIAL CREMATION, 24R. DATE  24C. NAME of CEMETERY of CREMATORY  BURIAL CREMATION, 24R. DATE  24C. NAME of CEMETERY OF CREMATORY  BURIAL CREMATION, 24R. DATE  24C. NAME of CEMETERY OF CREMATORY  BURIAL CREMATION, 24R. DATE  24C. NAME of CEMETERY OF CREMATORY  BURIAL CREMATION, 24R. DATE  24C. NAME of CEMETERY OF CREMATORY  BURIAL CREMATION, 24R. DATE  24C. NAME of CEMETERY OF CREMATORY  BURIAL CREMATION, 24R. DATE  24C. NAME of CEMETERY OF CREMATORY  BURIAL CREMATION, 24R. DATE  24C. NAME of CEMETERY OF CREMATORY  BURIAL CREMATION, 24R. DATE  24C. NAME of CEMETERY OF CREMATORY  BURIAL CREMATION, 24R. DATE  24C. NAME of CEMETERY OF CREMATORY  BURIAL CREMATION, 24R. DATE  24C. NAME OF CREMATORY  BURIAL CREMATION, 24R. DATE  BURIAL CREMATION, 24R. DATE  24C. NAME OF CREMATORY  BURIAL CREMATION, 24R. DATE  BURIAL CREMA		s stated abave. (4) (We) (did) (did not)	view the body after death.	
DEGREE Phys. Director	Parali	As Asani M.D.	rending Med. D Shift Th	
NAME (Type)  RUSTUM IRANI MEGRET CHURCH HOME AND HOSPITAL  BURIAL CREMATION, 24B. DATE 24C. NAME OF CEMETERY OF CREMATORY  BURIAL Specify  BURIAL MARCH 13 1972 BELAIR MEMBRIAL PARK CEM.  24D. LOCATION (City, town, or county) (Stole)	JVWOTV	01		1 / men 7, 17/2
BURIAL CREMATION. 24B. DATE 24C. NAME OF CREMATORY 24D. LOCATION (City. town, or county) (Stote)  BURIAL CREMATION. 24B. DATE 24C. NAME OF CREMATORY 24D. LOCATION (City. town, or county) (Stote)  BURIAL CREMATION. 24B. DATE 24C. NAME OF CREMATORY PARK (EM.)	NAME (Type)	Tania MA		4.00= - 11
REMOVAL (Specify)  BURIAL CREMATION. 24B. DATE 24C. NAME OF CREMATORY COUNTY (STORE)  BURIAL CREMATION. (City. town, or county) (Store)  BURIAL CREMATION. (City. town, or county) (Store)	KUSTU	Thinks.	CHURCH HOME AND	MOSPITAL
DURIAL MARCHIS 19TH BELAIR MEMORIAL PARK (EM.)	A BURIAL CREMATION, 248 DA			(City, town, or county) (State)
	DURIAL MARI	V13 MM BELAIR MEMAR	of PARK (FM)	
Town of a series of the series	A. DATE REC'D BY HEALTH DEPT.			ADDRESS
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BETH. STEEL L. MKS ZUR. JUNISA 2524 FESTER HER

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Kamanda K Kreenmarke 255582

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72 02625 BALTIMORE CITY HEALTH DEPARTMENT	<b>MO</b> 00000
MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.	72 02625
BIRTI NO.	
1. NAME OF DECEASED (Type or Print)  OF  CANZEDMITTED  2. DATE Known Manth Day OF	Year Hour
PETER GANZERMILLER DEATH Estimoted March 8, 197	2 7:50 P M.
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD  3. DATE  Month Doy PRONOUNCED DEAD  PRONOUNCED DEAD	Yeor Haur
HOSPIAL DESOR DO TO March 8, 197	7:50 P.M.
Baltimore City Hospital	residence before admission)
Maryland 5-10-72 Maryland	2644
6. SEX 7. RACE 8. MARRIED NEVER MARRIED C. CITY OR TOWN D. INSIDE CIT	Y LIMITS?
Male White WIDOWED DIVORCED Baltimore YE	s No 🗆
9. DATE OF BIRTH 10. AGE (In years   # Under 1 Yr. II Under 24 Hrs.   E. STREET AND NUMBER	<u> </u>
Hand Hand Hand Hand Hand Hand Hand Hand	
11. BIRTHPLACE (State or loreign country) 12. CITIZEN OF 13. FATHER'S NAME	
MARYLAND WHAT COUNTRY? GEORGE GANZERMI	1150
14A USUAL OCCUPATION (Give kind of work) 48. KIND OF RUSINESS OF INDUSTRY 15. MOTHER'S MAIDEN NAME	
done during most of working life, even if retired)	FNDRES
16. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL 18. INFORMANT AD	DRESS
(Yes, no ar unknown) (If yes, give wor or dates of service) SECURITY NO.	5512 Can'll
19. CAUSE OF DEATH	APPROXIMATE INTERVAL
CAUSE OF DEATH	RETWEEN ONSET AND DEATH
Disease or condition directly  Death occurring after apparent seizu	re
(A)IMMEDIATE CAUSE (by history)	
(this does not mean the mode of dying, e.g., heart loilure, asthenia, étc. It means the disease, Injury or complication which caused death.)	
mary of complication which coosed dealing	
ANTECEDENT CAUSES (B)	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE	
I I UNDERLAING CONDITION LAST	
CO	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL	
DISEASE OR CONDITION GIVEN IN PART 1 (A).	
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WAS PERFORMED	21. AUTOPSY? (Yes or No)
	Yes
22A. EXTERNAL CAUSE WAS 22B. PLACE OF INJURY (e.g., in or obout 22C. WHERE DID (If in Boltimore City, give exact	t location)
UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH.	
2 22D. TIME (Month) (Day) (Year) (Hour) 22E.INJURY OCCURRED 22F. HOW DID INJURY OCCUR?	
OF INJURY (APPROX.) WHILE AT NOT WHILE	
m. WORK AT WORK	
I certify that I held an Inquiry Inspection Autopsy A ond that on this basis, death in my	pinion
resulted from: Natural couses Accident Suicide Homicide Undetermined manner	
CHIEF MEDICAL EXAMINER	
ACTUAL ( °V. )	DATE SIGNED
SIGNATURE CAN STAND ASSISTANT MEDICAL EXAMINER LY	
EXAMINER'S Charles S. Springate, M.D. ASSOCIATE MEDICAL EXAMINER Marc	h 9, 1972
EXAMINER'S NAME (Type) Charles S. Springate, M.D. ASSOCIATE MEDICAL EXAMINER Marc	
EXAMINER'S Charles S. Springate, M.D. ASSOCIATE MEDICAL EXAMINER Marc	h 9, 1972
EXAMINER'S NAME (Type) Charles S. Springate, M.D. ASSOCIATE MEDICAL EXAMINER Marc  24A. BURIAL CREMATION, PAR. 13. 1972 T. STAN'S LAUS EM. BALTIMARE  BURIAL MAR. 13. 1972 T. STAN'S LAUS EM. BALTIMARE	or county) (Stole)
EXAMINER'S NAME (Type) Charles S. Springate, M.D. ASSOCIATE MEDICAL EXAMINER Marc  24A. BURIAL CREMATION, PARCELLA CREMATION, PARCELLA CREMATORY PARCELLA CREMATORY  PROVAL (Specify) MARCIA (G12) TO TANISLAUS CEM. BALTIMORE	
EXAMINER'S NAME (Type) Charles S. Springate, M.D. ASSOCIATE MEDICAL EXAMINER Marc  24A. BURIAL CREMATION, PAR. 13. 1972 T. STAN'S LAUS EM. BALTIMARE  BURIAL MAR. 13. 1972 T. STAN'S LAUS EM. BALTIMARE	or county) (Stole)

5-1-1972 - Completion of cause of death on a pending medical examiner death certificate Charles S. Springate, M.D.

5-10-1972 - Change of Mother's maiden name from Margaret Anderson to Margaret Mary Endres by Birth Certificate of Peter John Ganzermiller (G-40961 - 1946), also date of birth from Jan. 4, 1946 to Feb. 4, 1946. Affidavit of Mother Margaret Mary Endres.

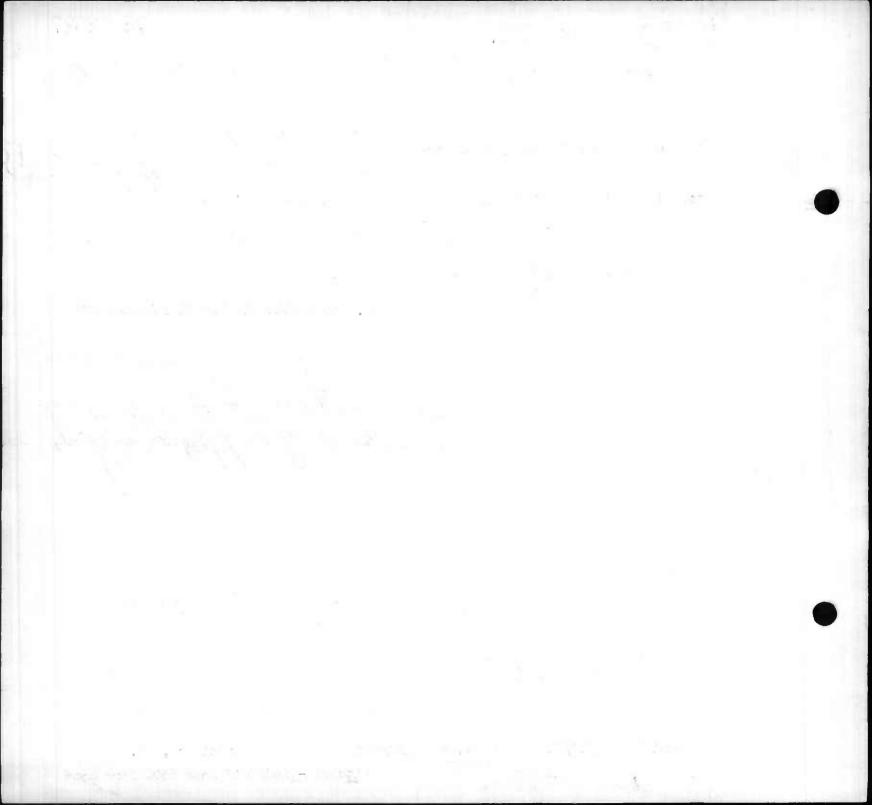
	111-45	12 72 020	956		TE OF DEATH	REG. NO	72 02626	
and eath ased the Such	CERTIFICATE OF DEATH  REG. NO.  1, NAME OF DECEASED  2, DATE AND HOUR OF DEATH						н	
- 50 5	(Type or Print)	Ferdinand E	. Willi	ams		3-72	1 5 PM.	
e direct or contributing cause and; (4) Undetermined cause; (5) eath was in regular attendance on the deceased prior to deal disposition is made.	3. PLACE IN E	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD			4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE B. COUNTY			
	FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)  Union Memorial Hospital			Md. 264				
				Balto.		YES A NO		
				E. STREET AND NUMBER 4308 Anntana Ave. 21206				
	5. SEX	6. RACE	WIDOWED	NEVER MARRIED DIVORCED	8. DATE OF BIRTH 2-24-1908	9. AGE (In years lost bitthday)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.	
		of working life, even if retired)		ental Mach	11. BIRTHPLACE (Stote or fo	reign country)	U.S.A.	
	13. FATHER'S NAME			14. MOTHER'S MAIDEN NAME				
	?				?			
	(Yes, no or unkno	sed Ever in U. S. Armed Fo own) (If yes, give wor or dot	rces? es of service)	SECURITY NO.	17. INFORMANT		4308 PRESS	
さきなるらに	No			213-03-476	Mrs. Isabe	lle Willia	ms Anntana Ave.	
and ce	18.4/0	EASE OR CONDITION DI	RECTLY				BETWEEN ONSET AND DEATH	
Also e of noun atte	LEADING TO DEATH CAMMEDIATE CAUSE COYONDYN Thrombosis.							
	(This does not meon the mode of dying, e.g., heart foilure, asthenia, etc. It means the disease, injury or complication which coused death.)							
miner. fractu o pro gular emba	ANTECEDENT CAUSES							
A P P P P P P P P P P P P P P P P P P P	DISEASES OR CONDITIONS, if ony, giving  (8)  DUE TO, OR AS A CONSEQUENCE OF:							
exe (3) (3) an in in in or	rise to the obove couse (A) stoting the UNDERLYING CONDITION lost, (C)							
dical lical rns; sicic was mair	Z OTHER SIGNIFICANT CONDITIONS CONTRIBUTING							
med hed	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL    DISEASE OR CONDITION GIVEN IN PART    A .							
chief Body the ysici	19A. DATE	OF OPERATION 198. CON WAS PER	IDITION FOR W	HICH OPERATION	20 A. AUTOPSY? (Yes or	No. 20B. IF YES, WERE IN CERTIFYING C	E FINDINGS CONSIDERED AUSES OF DEATH?	
F L	U 21 A. ACCI	DENT WAS UNDERLYING	21 B.	PLACE OF INJURY (e.g.,	n or obout 21 C. WHERE DID	(If in Boltim	ore City, give exact location)	
tal tal	DEATH (no	tify medical examiner)	etc.)	, form, roctory, street, o	ffice bldg., INJURY OCCUR?			
d b spirot tur tur 6) T	OF INJURY	(Month) (Doy) (Year)		INJURY OCCURRED	21F. HOW DID II	NJURY OCCUR?		
na cep cep	(APPROX.)		Work					
ppro the any (exc ; an				F / 0	24.4			
assed to dent of ospital death) must be	that (1) (we) lost sow the deceased alive on Feb 1972 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (1) (We) (did not) view the body after death.							
spired learners	23A SIGNA		A .	(ac)c(ara) (ara noi)	new the body differ dedit	1•	23B, DATE SIGNED	
J 0 .= E A	Ja	m 71/	Tarker	DEGREE Phy	ending Med. Director	Staff Phys.	3-14-72	
was re An ac L at a prior	23 C. PHYSIC	CIAN'S (Type)			23D. ADDRESS			
Man 2 10 10 1	24A. BURIAL C	CREMATION, 248. DATE	24C. NA	DEGREE	637 S. CUUK EMATORY 24D.		Boltimore Md. City, town, or county) (Stote)	
bod ws: D.C ease	Buri	al 3-15-7	0.000	dowridge M	em. Park	Balto.	Md.	
This certif the body shows: (1) was D.O., deceased written a	MAR 18	1972 Delle E	250 NAME O	REGISTRAR	Lilma Cl	Hoffmann	Md. 3218 Hudsm St	
	VS 150-REV. 1/	1/68				00		

The real of the control of the second

#### IMPORTANT FUNERAL DIRECTOR:

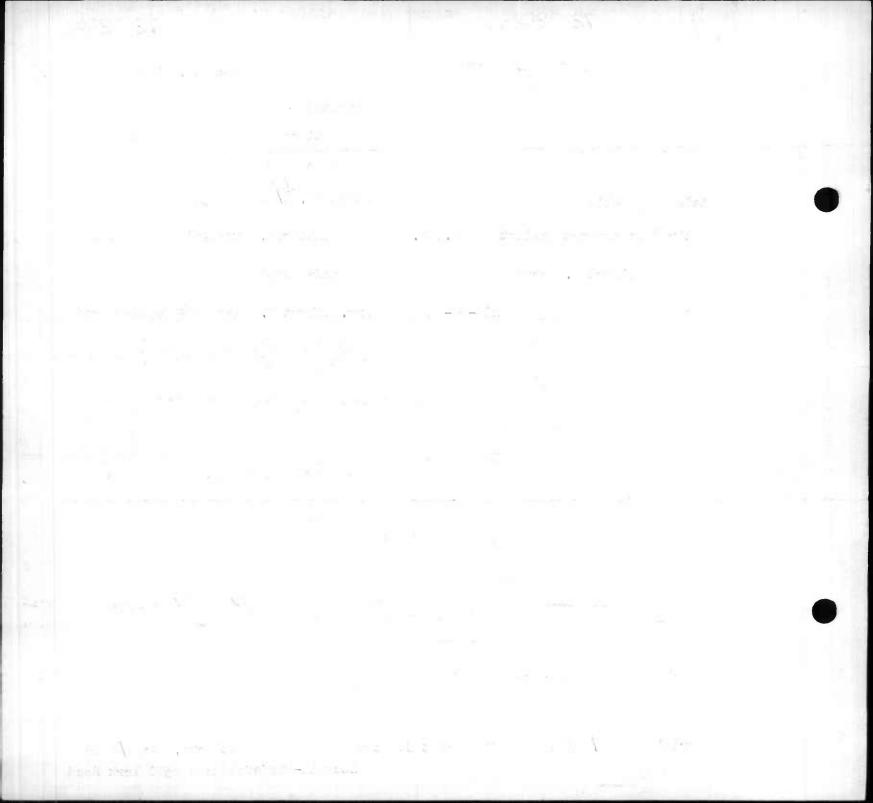
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH REG. NO. 72 CERTIFICATE OF DEATH	2627
1. NAME OF DECEASED RIDA, ALBERT EDWIN 3-11-72 7	00 A M
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD  4. USUAL RESIDENCE (Where deceased lived, II institution: resident a. STATE B. COUNTY  FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)  INSTITUTION  A. USUAL RESIDENCE (Where deceased lived, II institution: resident A. STATE B. COUNTY  C. CITY OR TOWN  D. INSIDE CITY LIMITS:	5 300
NORTH CHARLES GEN. HOSP. BALT IMORE YESTS E. STREET AND NUMBER 8/08 STREAMWOOD D	NO D
	Il Under 24 Hrs. Hours Min.
ACCOUNTANT DOUBLE TOWER MARYLAND U.	SA
13. FATHER'S NAME HUBERT DONNIDA 14. MOTHER'S MAIDEN NAME EUSEDIA DAY	
Y65 WW T SECURITY NO. Marguerite Hipsley 4103 Roland	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  WHATEDIATE CAUSE  A REVELOR  (1) BETWEE	PROXIMATE INTERVAL EEN ONSET AND DEATH
(This does not meon the made of dying, e.g., heart foilure, asthenia, etc. It means the disease, injury or camplication which caused death.)  ANTECEDENT CAUSES	- 2-
DISEASES OR CONDITIONS, if any, giving rise In the obove cause (A) stating the UNDERLYING CONDITION last.  (B) MD (A) CONDITIONS, If any, giving DUE 10, OR AS A CONSEQUENCE OF:  (C) MD (A) CONDITIONS, If any, giving DUE 10, OR AS A CONSEQUENCE OF:  (C) MD (A) CONDITIONS, If any, giving DUE 10, OR AS A CONSEQUENCE OF:  (C) MD (A) CONDITIONS, If any, giving DUE 10, OR AS A CONSEQUENCE OF:  (C) MD (A) CONDITIONS, If any, giving DUE 10, OR AS A CONSEQUENCE OF:  (C) MD (A) CONDITIONS, If any, giving DUE 10, OR AS A CONSEQUENCE OF:  (C) MD (A) CONDITIONS, If any, giving DUE 10, OR AS A CONSEQUENCE OF:  (C) MD (A) CONDITIONS OF AS A CONSEQUENCE OF AS A CONSE	gra,
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	
19A-DATE OF OPERATION 19B- CONDITION FOR WHICH OPERATION 20A-AUTOPSY? (Yes or No.) 20B, IF YES, WERE FINDINGS CON IN CERTIFYING CAUSES OF DEATH	
OR CONTRIBUTING CAUSE OF home, foctory, street office bldg., INJURY OCCUR?	ct locotion)
21D. TIME (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCURRED While At Work 21E. INJURY OCCUR?	- 2
22. I certify that (i) (this haspitol) attended the deceased from	curred on the dote
and haur and from the causes stated above. (1) (We) (did) (did nat) view the bady after death.  23A. SIGNATURE  Attending Med. Staff Director Phys. 3-/1	NED /- 7V
RUDER O MANANKII DECES NORTH CHARLES GEN. A	losp
Burial 3/14/72 Baltimore National Baltimore Md.	nly) (Stote)
25A. DATE REC'D BY HEALTH DEPT.  25B. NAME OF REGISTRAR  MITCHELL—Wiedefeld Home 6500 York  VS 150-REV. 1/1/68	Road



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

	M-600 72 0262		TE OF DEATH REG. NO	72 02628
li	ype or Print)  Albert H,	Moore	2. DATE AND HOUR OF DEATH	1 44
3	PLACE IN BALTIMORE, MARYLAND, WHERE PE	ONOUNCED DEAD	March 11,	institution; residence before admissional
- 11 H	ULL NAME OF (IF NOT IN HOSPITAL OR (ISPITAL OR (ISPITA	NSTITUTION, GIVE STREET	Maryland A T	SIDE CITY LIMITS?
6	Long Green Nursing Home		E. STREET AND NUMBER 304 Hopkins Road	YES 🔀 NO 🗌
	Male White WIDO		8. DATE OF BIRTH 1010   9. AGE (In years March 15. XXXX)	Months Doys Hours Min.
do	A USUAL OCCUPATION (Give kind of work 10g. KIN ine during most of working life, even if retired)  Retired Management Anali:		11. BIRTHPLACE (Stote or foreign country)  Baltimore, Maryland	12. CITIZEN OF WHAT COUNTRY?
13	FATHER'S NAME	7000111	14. MOTHER'S MAIDEN NAME	UDA
16	Albert B. Moore . Was Deceased Eyer in U. S. Armed Forces?		Maude Hutt	
ίΫ́	es. no of unknown) (If yes, give wor or dotes of serv	ice) 16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
L	Yes WWI	215-44-8180	Mrs. Albert H. Moore 304	Hopkins Road
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  1This does not meen the mode of dying, heart failure, asthenio, etc. It means the dise	(A) IMMEDIATE CAU	bral Vascular Recid	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	injury or camplicotian which caused death.)  ANTECEDENT CAUSES	ase,	our Rephorelers	ents ?
	DISEASES OR CONDITIONS, if any, ginse (a the above cause (A) stating UNDERLYING CONDITION last.	ving DUE TO, OR AS	A CONSEQUENCE OF:	
ATION		***************************************	tes Mellitino	>
ERTIFIC	19A-DATE OF OPERATION 19R. CONDITION F	OR WHICH OPERATION	20A. AUTOPSY? (Yes of No.) 20B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED
CALC	21A. A CCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH Inofify medical examined	218 PLACE OF INJURY le.g., in home, form, foctory, street, officeld	or obout 21 C. WHERE DID (If In Bollimo	re City, give exact location)
MEDI	21D.TIME (Month) (Doyl (Year) (Hour) OF INJURY (APPROX.)	21E INJURY OCCURRED  While At  Not While  At Wark	21F. HOW DID INJURY OCCUR?	
	22. I certify that (I) (this hospital) ottende		le, 13 197 10 W	1 arch 1972
	that (i) (we) last sow the deceased office		and that In (my) (our) op!	nion death accurred on the date
	and hour and from the causes stoted obave 23A. SGNATURE,"	(i) (iii) (did) (did not) vi	ew the body ofter death.	
	Dan. H. Kammer	2 Dhim	ding Med. Staff Phys.	23 & DATE SIGNED
	23C. PHYSI CIAN'S NAME (Typel		Director Phys. C	1341 ac. 72
24/	No BURIAL CREMATION, 24B, DATE 240 REMOVAL (Specify)	DEGREE	MATORY 240. LOCATION (C)	ity, town, or county) (State)
	Burial 3/14/72	Greenmount Ceme		W- 2/
254	DATE REC'D BY HEALTH DEPT. 258 NAM	ME OPPREGISTRAR	25C. FUNERAL DIRECTOR BAILTIMOTE 6	ADDRESS 500 York Road
VS	150-REV. 1/1/68			



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the written approval must be obtained before the remains are embalmed or final disposition is made.

	BALTIMORE CITY	/ HEALTH DEPARTMENT
	5-362 72 02629 CERTIFICA	TE OF DEATH REG. NO. 72 02629
	1. NAME OF DECEASED (Type or Print) Alice R, GoodRICH	2. DATE AND HOUR OF DEATH  3/1/72 1/230
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE B. COUNTY
	FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	C. CITY OR TOWN D. INSIDE CITY LIMITS?
il	5307 ST, AlbANS WAY	BAITIMORE YEST NOT
	00	E. STREET AND NUMBER 5307 ST. Albans WAY
	6. RACE  7. MARRIED NEVER MARRIED WIDOWED DIVORCED	B. DATE OF BIRTH 9. AGE (In years If Under 1 Ys. If Under 24 His. Months: Doys Hours Min.
	10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY done during most of working life, even if retired) Homemaker	11. BIRTHPLACE (State or foreign country)  Baltimore, Md.
	3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	John F. Requardt	Bertha Jeager
	5. Wos Deceosed Ever In U. S. Armed Forces? Yes, no of unknown! (If yes, give wor of dotes of service)  16. SOCIAL SECURITY NO. 220443794	V. Goodyich Ry tina same
	DISEASES OR CONDITIONS, if ony, giving ise to the above cause (A) stating the UNDERLYING CONDITIONS to the control of the condition of the control of the condition of	A CONSEQUENCE OF:
	WAS PERFORMED  WAS PERFORMED  1218. PLACE OF INJURY (a.g. in)	IN CERTIFYING CAUSES OF DEATH?
	DEATH (notify medical examiner)    Death (notify medical examiner)   Death (notify medical examiner)	ice bldg., INJURY OCCUR? (If In Baltimore City, give exact location)
	21D. TIME (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURRED While At Work At Work	21F. HOW DID INJURY OCCUR?
	22. I certify that (I) (this haspital) attended the deceased from that (I) (we) last saw the deceased alive on	10 /19 ta //OVEW 19/2
	and how and from the gauses stored above. (1) (1/4) (did) (did not) vi	, the same and the same
	28A-SIGNATURE	23B, DATE SIGNED
	23C. PHISICIAN'S DEGREE PHONE	Oding Med. Shoff S
	NAME TIPPET	
2	4A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMENT O	MATORY 24D. LOCATION (City, town, or county) MG.

24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City. town, of county) Md. Burial 3/14/72 Druid Ridge Cemetery Reistertown Rd Pikesville
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25G. FUNERAL DIRECTOR ADDRESS
WAR 15 1972 Company of County Md. 1250. FUNERAL DIRECTOR ADDRESS AT 17Cheth - Wiedefeld Hone 6500 York Rd
VS 150-REV. 1/1/68

. e 201 CT IF-

the body was released to the hospital by a medical examiner. Also, if the direct or contributing couse of deoth shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of ony kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular ottendonce on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to deoth. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and FUNERAL DIRECTOR: IMPORTANT

1 - 2200 / 1/6 1/6 531 -	Y HEALTH DEPARTMENT REG. No. 72 02630
BIRTH NO.	ATE OF DEATH
Trype of Final len Johnson	3/10/1972 2:45 A.M.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceosed lived. If institution: residence before admission) A. SLATE B. COUNTY
FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	C. CITY OR TOWN D. INSIDE CITY LIMITS?
Butheron Hospital 6-16-72	Baltimore YES NO [
4-CERTIFICATE AMENDE	2621 Pop lan Grovest
5. SEX 6. RACE Black 7. MARRIED NEVER MARRIED WIDOWED DIVORCED	8. DATE OF BERTH 9. AGE (In years II Under 1 Ye. If Under 24 Hrs. Months Doys Hours Min.
IDA, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY dane during most of working life, even if relired)	11. BIRTHPLACE (Stote or loreign country) 12. CITIZEN OF WHAT COUNTRY?
Robert Johnson Robert Johnson	14. MOTHER'S MAIDEN NAME Mary Lomax
15. Wos Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wer or dotes of service)  16. SOCIAL SECURITY NO.	17. INFORMANT, Brown Address
108-26-497 [18. 24 / 24 ] 7 7 9 GAUSE OF DEAT	B IrsRuth , Same
DISEASE OR CONDITION DIRECTLY	Paranitis
(This does not mean the mode of dying, e.g., heart laiture, asthenia, etc. it means the disease, injury as complication, which coursed doth)	A CONSEQUENCE OF:
ANTECEDENT CAUSES ATT	Scier. Card Vas. Dis- 12
DISEASES OR CONDITIONS, if ony, giving DUE TO, OR AS	A CONSEQUENCE OF:
underlying condition last.  (c) De	cubitus ulcers gays.
	Habetes mellins
DISEASE OR CONDITION GIVEN IN PART 1 (A). 1994. DATE OF OPERATION WAS PERFORMED WAS PERFORMED	20A-AUTOPSY? (Yes or No.) 20B, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING   21B. PLACE OF INJURY (e.g., to contributing   CAUSE OF   home, form, factory, street, or etc.)	in or obout 21C. WHERE DID (II in Boltimore City, give exect location)
21D-TIME (Manth) (Doy) (Yeon) (Hour) 21E INJURY OCCURRED OF INJURY (APPROX.) While At Not While	21F. HOW DID INJURY OCCUR?
22. I certify that (I) (this haspital) attended the deceased from	2-27 197240 3-10-1972
that (1) (we) last saw the deceased alive on	0 -19 7 2 and that in(my) (aur) apinion death accurred an the date
and hour and from the causes stated above. (1) (We) (did) (did not) v	view the body ofter death.
DECREE Phy	ending Med. Shoff Phys. 23B, DATE SIGNED  3 / 10 / 42
DECORES DECORES	23D. ADDRESS Luther an Hosp-
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CRI	EMATORY 24D. LOCATION (City, town, or county) (Stote)
Burial 3/14/72 Mt Calvary	
MAR 1 5 1972 WAR LEAD THE REGISTRAN	250 FUNERAL DIRECTOR, A. HALL ADDRESS
VS 150-REV <sub>4</sub> 1/1/68	

6-16-1972 - Correction form from Funeral Director HRS (SN)

\* \* \*

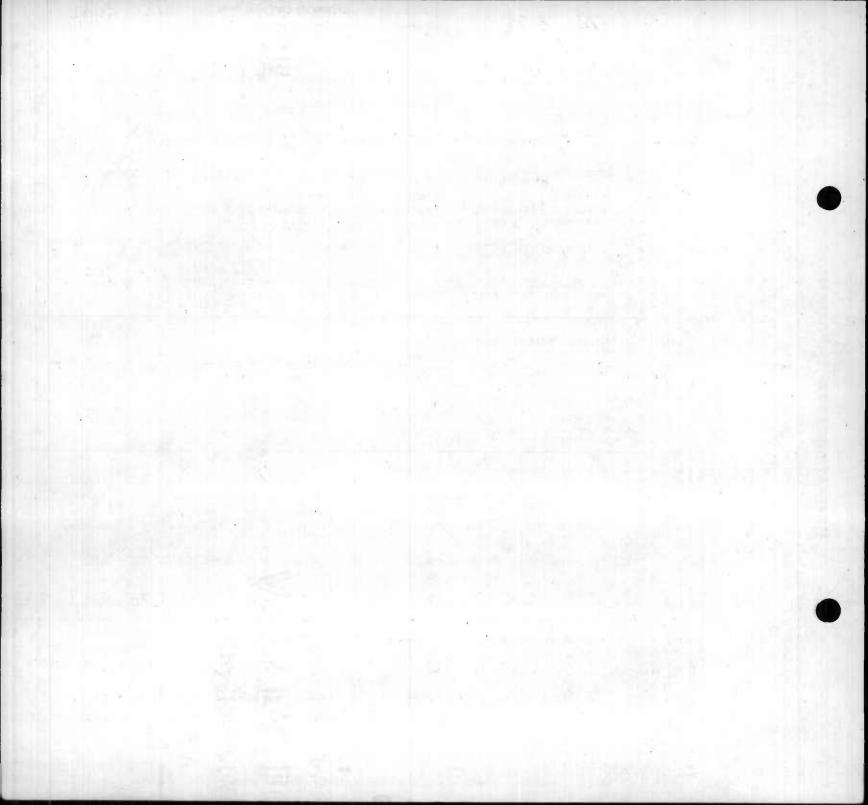
A P. Corn Very Dir. P. S.

4 4 41 11 11 11 11

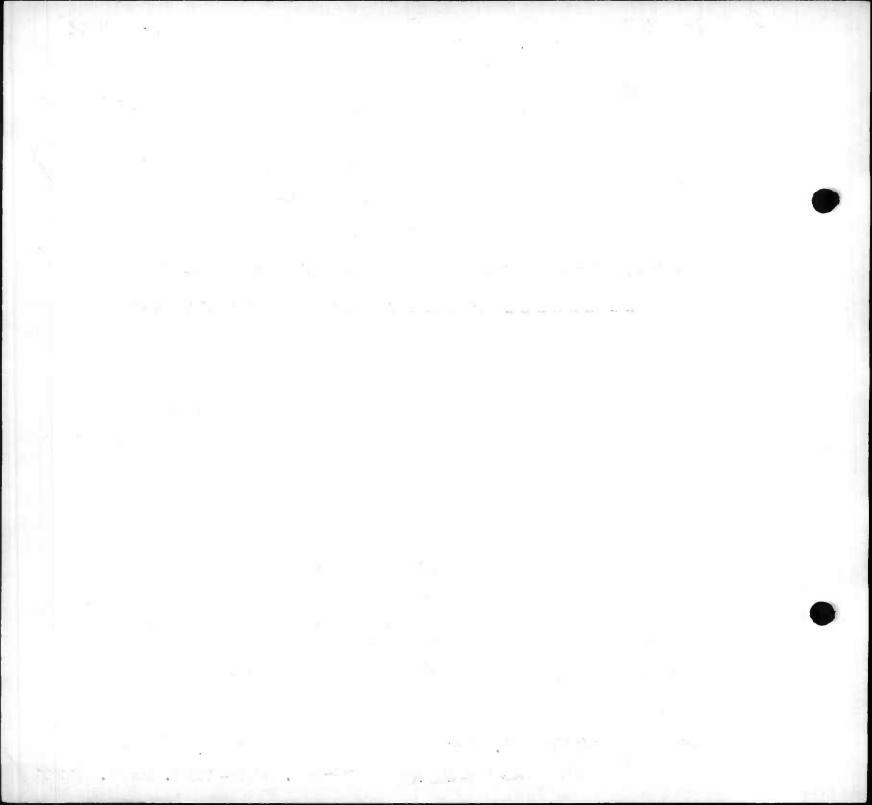
TO SEE A COLOR OF THE SECOND

37 Knewson

- 1	1/1/20	70 DOM	BALTIM	ORE CITY HEA	TH DEPARTMENT		72 02631
BIRT	VI-653 7	2 U200	CERT	IFICATE	OF DEATH	REG. NO	
Тур		eva Me			13th	March 1	972 11:10 A
3. F	LACE IN BALTIMORE, MA	RYLAND, WHERE	PRONOUNCED DEAD		ATE B. COUN	e deceased lived. If TY	institution: residence before admissi
FU I	L NAME OF (IF NOT SPITAL OR ADDRES	IN HOSPITAL O	R INSTITUTION, GIVE ST		Maryland		ISIDE CITY LIMITS?
	University o	f Mary	land Hosp	ital	Baltimor		YES NO
1	38	9				Lanva	e St.
	female Neg	ro wi		RCED 2	Dec. 1912	ost birthdoy	If Under 1 Yr. If Under 24 H Months Doys Hours Min.
	USUAL OCCUPATION (Given during most of working life, ev	ven if retired)	kind of Business or choolCafete	S	outh Caroli		U S A
3. [	ATHER'S NAME		THOUT AGE	14. N	OTHER'S MAIDEN NAM	1 E	
	Julius Gral			C	ornelia		
5. V	no of unknown) (If yes, give	· Armed Forces? wor or dotes of	service) 1 6. SOCIAL SECURITY	NO.	FORMANT		ADDRESS
	1B. 4 4= 5 VI			OF DEATH	rs Mattie F	razier,	Same APPROXIMATE INTERVAL
	rise to the above of UNDERLYING CONDITION				••••••		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
ATION	II OTHER SIGNIFICANT COND TO THE DEATH BUT NOTR DISEASE OR CONDITION G	ELATED TO THE TE	RMINAL				
O	TO THE DEATH BUT NOT R DISEASE OR CONDITION G 19 A. DATE OF OPERATION	TELATED TO THE TELEVEN IN PART 1 (A	RMINAL A). DN FOR WHICH OPERAT		A. AUTOPSY? (Yes or No)	20B. IF YES, WER	E FINDINGS CONSIDERED AUSES OF DEATH?
CAL CERTIFIC	TO THE DEATH BUT NOT R DISEASE OR CONDITION G	ELATED TO THE TE IVEN IN PART 1 (A 198. CONDITION WAS PERFORM DERLYING USE OF	RMINAL A).  DN FOR WHICH OPERAT AED  218 PLACE OF INJ	URY (e.g., in or o		IN CERTIFYING C	E FINDINGS CONSIDERED AUSES OF DEATH?
DICAL CERTIFIC	TO THE DEATH BUT NOT R DISEASE OR CONDITION G 19A.DATE OF OPERATION  21A. ACCIDENT WAS UNI OR CONTRIBUTING CAP DEATH (notify medical exor	ELATED TO THE TE IVEN IN PART 1 (A 198. CONDITION WAS PERFORM DERLYING USE OF	RMINAL A).  DN FOR WHICH OPERAT  ED  21 B. PLACE OF INJ home, form, foctory, etc.)	URY (e.g., in or of , street, office bl	NO	(If in Boltin	AUSES OF DEATH?
MEDICAL CERTIFIC	TO THE DEATH BUT NOT R DISEASE OR CONDITION G  19.4. DATE OF OPERATION  21.A. ACCIDENT WAS UN.  OR CONTRIBUTING CAI  DEATH (notify medical example of injury  (A PPROX.)  22. I certify that (1) (the	ELATED TO THE TE IVEN IN PART I (A 198. CONDITIO WAS PERFORM  DERLYING  USE OF miner)  Doy) (Year) (Ha is hospital) attached deceased al	21B. PLACE OF INJ home, form, foctory etc.)  21E. INJURY OCCU While At  work  tended the deceased five on 13+h	URY (e.g., in or of office blurger) URRED Not White At Work from	21F. HOW DID INJU	(If in Boltin	nore City, give exact location
MEDICAL CERTIFIC	TO THE DEATH BUT NOT R DISEASE OR CONDITION R 19A. DATE OF OPERATION  21A. ACCIDENT WAS UNIOR CONTRIBUTING CAI DEATH (notify medicol exot 21D. TIME (Month) (E 07 INJURY (APPROX.)  22. I certify that (1) (the that (1) (we) last sow the and have and fram the ce 23A STENATURE  ANAME (Type)	DERLYING USE OF WAS PERFORM  DERLYING OF WAS PERFORM  USE OF miner  Doy) (Year) (Habita deceased all couses stated as the couses stated	PANINAL  ADN FOR WHICH OPERAT  21B. PLACE OF INJ home, form, foctory, etc.)  21E. INJURY OCCU While At  Work  rended the deceased form on 13 th  who bave. (A (We) (did) (in the column of the column	URY (e.g., in or of, street, office bi	21F. HOW DID INJURY OCCUR?  21F. HOW DID INJURY OCCUR?	(If in Boltin  URY OCCUR?  10 13	pinion deoth occurred an the color 13th March 197
MEDICAL CERTIFIC	TO THE DEATH BUT NOT R DISEASE OR CONDITION  21A. ACCIDENT WAS UN. OR CONTRIBUTING CAI DEATH (notify medical example of injury (APPROX.)  22. I certify that (1) (the state of injury) (APPROX.)  23. TENATURE  CAYMOND  CONTRIBUTING (Month) (E) (APPROX.)	DERLYING USE OF miner)  To he deceased all couses stated of the terms	218. PLACE OF INJ home, form, foctory, etc.)  218. PLACE OF INJ home, form, foctory, etc.)  21E. INJURY OCCU While At  ive on 13+N M obave. (A (We) (did) (i	URY (e.g., in or of a street, office by the street office by the street office by the street office by the street of the street	21F. HOW DID INJURY OCCUR?  21F. HOW DID INJURY OCCUR?  119 7 7 and the body after deoth.  DDRESS  IVERSITY (24D. LC	IN CERTIFYING COUR?  (If in Boltin  JRY OCCUR?  10. 13.  13.  14. 14.  15. 15.  16. 17.  17. 17.  18. 18.  18.	in March 197  pinion deoth occurred an the d  23B. DATE SIGNED  13+1 March 197  and Hospital  (City, town, or county)  (Stote
WEDICAL CERTIFIC	TO THE DEATH BUT NOT REMOVAL (Specify)	DERLYING USE OF WAS PERFORM  DERLYING OF WAS PERFORM  DODAY (Year) (Hallows stated of Courses Stated o	PANINAL  ADN FOR WHICH OPERAT  21B. PLACE OF INJ home, form, foctory, etc.)  21E. INJURY OCCU  While At  Work  Place of (We) (did) (in the control of the deceased of the deceased of the deceased of the control of the	URY (e.g., in or of a street, office bit of a street, of a street	21F. HOW DID INJURY OCCUR?  21F. HOW DID INJURY OCCUR?  119 7 Z and the bedy after deeth.  DDRESS  IVERSITY  24D. LC	(If in Boltin  URY OCCUR?  10. 13.  of in (max) (our) o	Parch 19 7  pinion deoth occurred an the color 13th March 19  23B. DATE SIGNED  13th March 19  and Hospital  (City, town, or county)  (Stote
WEDICAL CERTIFIC	TO THE DEATH BUT NOT R DISEASE OR CONDITION OF DISEASE OF OPERATION  21.A. ACCIDENT WAS UN. OR CONTRIBUTING CAP DEATH (notify medical exor DE	DERLYING USE OF WAS PERFORM  DERLYING OF WAS PERFORM  DODAY (Year) (Hallows stated of Courses Stated o	218. PLACE OF INJ home, form, foctory, etc.)  218. PLACE OF INJ home, form, foctory, etc.)  21E. INJURY OCCU While At  ive on 13+N M obave. (A (We) (did) (i	URY (e.g., in or of a street, office bit of a street, of a street	21F. HOW DID INJURY OCCUR?  21F. HOW DID INJURY OCCUR?  21F. HOW DID INJURY OCCUR?  10 PT Z and the body after deoth.  Med Director DDRESS  1 V C S 1 T Y C S OF FUNERAL DIRECTOR	IN CERTIFYING COUR?  (If in Boltin  JRY OCCUR?  10. 13.  13.  14. 14.  15. 15.  16. 17.  17. 17.  18. 18.  18.	in March 19 7  pinion deoth occurred an the  23B DATE SIGNED 1349 March 19  and Hoepital  (City, town, or county) (Sto



70 00000		HEALTH DEPARTMENT	~~ ~ ~ ~ ~ ~
72 2632 BIRTH NO. LINAME OF DECEMBED. Theodore P. Barcz	CERTIFICA	TE OF DEATH REG. NO.	72 02632
(Tunn as Bank)	zak	2. DATE AND HOUR OF DEATH	Η /
HEODORE I. DAR	CZAK	3/15/72	2:3076 M
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUN	CED DEAD	4. USUAL RESIDENCE (Where deceased lived, If	institution: residence before admission!
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION ADDRESS OF LOCATION)	ON, GIVE STREET	MD. BALTIMORE	#21205
INSTITUTION	-01	// // // // // // // // // // // // //	SIDE CITY LIMITS?
MARYLAND GENERAL HOSPI	THE	E. STREET AND NUMBER	YES NO
V		903 N. Linewood	AVE. 701
5. SEX 6. RACE 7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years lost birthday)	Il Under 1 Yr. Il Under 24 His. Months Doys Hours Min.
M WIDOWED 100. USUAL OCCUPATION (Give kind of work 108, KIND OF BL	DIVORCED _	7700 0-1706	
done during most of working life, even if refired)	SINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY
AUTO ASSEMBLY CHEV	<u> 7.                                    </u>	BALTIMORE MQ.	U. 5.A.
JACOB, BAREZAK		14. MOTHER'S MAIDEN NAME	4 7 1
		WALERJA CZ.	TJA,
(Tes, na of unknown) (If yes, give war at dates of service)	SECURITY NO.	ANNA SEAMAN. 903	ADDRESS
118,	13-10-4536		
DISEASE OR CONDITION DIRECTLY	CAUSE OF DEATH		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
LEADING TO DEATH		SE PULMONARY EDEMA	2-4/100
(This does not mean the mode of dying, e.g., heart failure, osthenia, etc. 11 means the disease, injury at complication which coused death.)		A CONSEQUENCE OF:	3-2092
ANTECEDENT CAUSES		10	LIRF Years
DISEASES OR CONDITIONS, if ony, giving	(B) DUE TO, OR AS	GESTIVE HEART FALL	URE years
nse to the obove cause (A) stating the UNDERLYING CONDITION last.		R FAILURE	years
11	(0)		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING			
I   I DISEASE OR CONDITION GIVEN IN PART 1 (A)	611 610 ATT		
19A.DATE OF OPERATION 19B. CONDITION FOR WHI WAS PERFORMED	CH OPERATION	20A. AUTOPSY? (Yes of No.) 20B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH?
The state of the s	ACE OF INJURY (e.g., in form, factory, street, aff	or about 21 C. WHERE DID (II In Baltimo	re City, give exoct locotion)
U I I I I I I I I I I I I I I I I I I I	JURY OCCURRED		
X (A PPROVI		21F. HOW DID INJURY OCCUR?	
Wark	At Work		1
22. I certify that (I) (this hospital) attended the a			March 15 19 7)
		19 ond that In (my) (aur) opl	Inion death occurred an the date
ond hour ond from the couses stoted obove. (1) (W	te) (did) (did not) vi	ew the body ofter death.	23 B. DATE SIGNED
Winhad Alilia	Distant	ding Med. Staff Phys.	7/15/21
23C. PHYSICIAN'S NAME (Typef	DEGREE	3D. ADDRESS	3/13//2
Michael 12- Silver	M BEGREE	Mangland be the	20
24A. BURIAL CREMATION, 24B. DATE 24C. NAME REMOVAL (Specify)	of CEMETERY of CRE	MATORY 24D. LOCATION (C	ity, town, or county) (Stote)
Burial 3/18/72 St. St	tanislaus Ce		ryland
25A. DATE REC'D WARALTH DEST 25E NAME OF R		George A. Weber - 705 S	ADDRESS
VS 150-REV. 1/1/68	The state of	Goorgo We Mener - 10) 2	TELEST

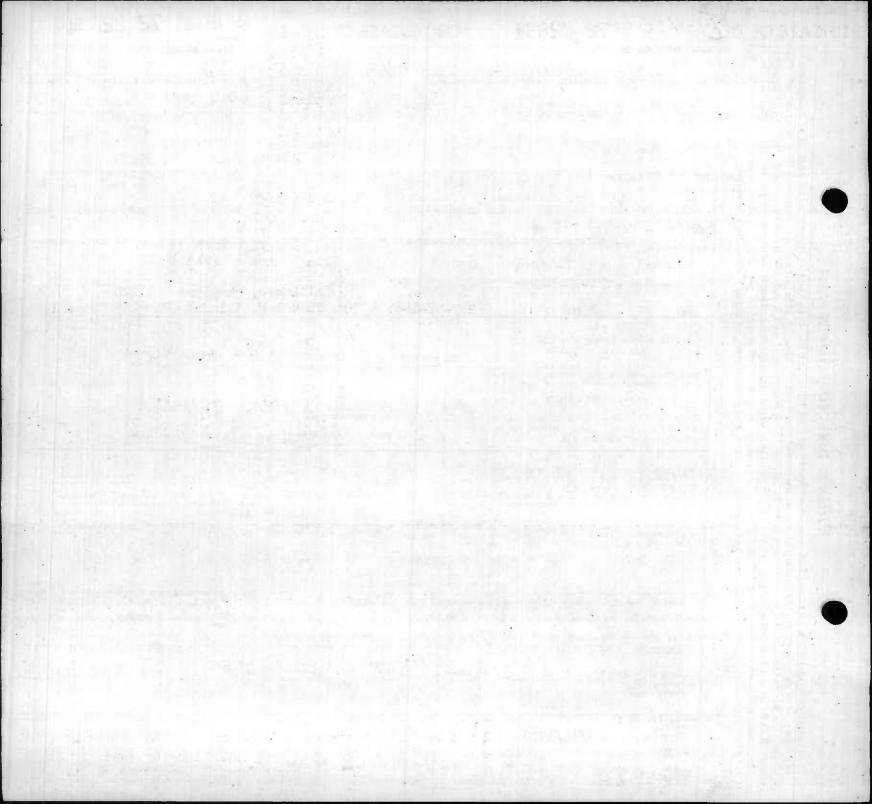


5 200 72 02633		BALTIMORE CITY	HEALTH DEPARTMENT		72 02000	
-20 BIRTH NO.	0	02633	CERTIFICA	TE OF DEATH		72 02633
(Type or Print) Charles		Six		31	11 /7 Z	115 AM
3. PLACE IN BALT	IMORE MARYLA	ND, WHERE FRO	NOUNCED DEAD	A. STATE B. CO	here deceased lived, If i	institution: residence before admissionl
FULL NAME OF HOSPITAL OR INSTITUTION	(IF NOT IN F	HOSPITAL OR INS	TITUTION, GIVE STREET	C. CITY OR TOWN	D. IN	SIDE CITY LIMITS?
John.	s Hopl	kins H	osp.	BALTIMORE E. STREET AND NUMBER		YES NO
S BALTIM	ORE MD 2	1205		2022 ORLEA	NS STREET	Maria Company
5. SEX	6. RACE	7- MARRI WIDOW		2 10 97	9. AGE (in years last birthday)	If Under 1 Ye. If Under 24 Hrs. Months Days Hours Min.
			OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fo		12. CITIZEN OF WHAT COUNTRY
done during most of v			& Decker Co.	Mary	land	U.S.A.
13. FATHER'S NAM		Danes		14 MOTHER'S MAIDEN N		
Ch	arles Fra	nk Six		Mary	Louise Hann	
15, Wee Deceased (Yes, no or unknown)			1 & SOCIAL	17. INFORMANT		ADDRESS
yes	WW I	ot odies of servic	el SECURITY NO.	Mrs. William F		Military Road ederick, Maryland
18,44,57 #	7. 9 1-9		CAUSE OF DEAT		o pre	APPROXIMATE INTERVAL
DISEAS	E OR CONDITIO	N DIRECTLY			1	BETWEEN ONSET AND DEATH
	LEADING TO D	EATH	ANIMMEDIATE CAL	use Cardiores	piratory Ar	rest 45 mi
	of mean the mo asthenia, etc. It :		DUE TO, OR AS	A CONSEQUENCE OF	sa un Vna	
	plication which o			Can d	0 A	
1	ANTECEDENT CA	AUSES	m Acid	losis, Dely.	dration	
	R CONDITIONS			A CONSEQUENCE OF:		
	condition is		the CIDOS	ine + Hypol	hermia	
			(0)			
OTHER SIGNIF	II ICANT CONDITION	S CONTRIBUTION	IG			
TO THE DEAT	H BUT NOT RELATE ONDITION GIVEN	D TO THE TERMIN	AL			
OTHER SIGNIF TO THE DEAT DISEASE OR CO 19A. DATE OF	OFERATION 19	CONDITION FO	OR WHICH OPERATION	20A. AUTOPSY? (Yes or	No. 208 IF YES WERE IN CERTIFYING C.	FINDINGS CONSIDERED AUSES OF DEATH?
OR CONTRIBU	TINO CAUSE C	ring	218, PLACE OF INJURY (e.g., home, farm, factory, street, o	in of about 21C, WHERE DID	(It in Boltime	ore City, give exact location)
21D. TIME OF INJURY	(Month) (Day)	(Year) (Hour)	21 E INJURY OCCURRED	21F. HOW DID I	NJURY OCCUR?	
S OF INJURY			While At   Not While	• 🗖		
		40 12 40 1	WOIK - AT WOIK	3-10	1972 10	3-1/ 1972
			d the deceased from			
	lost sow the de					olinion deoth occurred on the date
		s stated above	. () (We) (did) (did size)	lew the bady after deat	h.	
23A. SIGNATU	RE A A	- 1	m°D AH	anding Med.	Stoff [7]	23B. DATE SIGNED
Win	Michael	/with	DI OKLI]	s. Director	Phys.	3/11/72
23C. PHYSICIA NAME (T	N'S ypel	. —	1	23D. ADDRESS BOX	83 John	is Hopkins
Wi	Michae	l luch	m. Di DEGREE		Hos	- /
24A. BURIAL CRE		ATE 240	NAME of CEMETERY OF CR	EMATORY 24D	LOCATION Y	City, town, or caunty) (State)
Burial		4/72	Frederick Memor	ial Park	Frederick	Frederick Marylan
25A. DAYE REC'D	BY HEALTH DEP	1. 258. NAA	AE OF REGISTRAR	- 125C-FUNEFAL DIRECT	CONTRACTOR OF STATE	00 East Church St.
WAR 16	1972 944	Bert E. Ja.	Ben AS	M.R. Etchi Frederick,	Maryland, 1	OO BORO ONITON DO
VS 150-REV. 1/1/	68					

Amilian and a second

This certificate must be approved by the chief medical examiner or his assistant if death accurred in a haspital and the body was released to the haspital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician wha pronounced death was in regular attendance an the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior ta death. Such written approval must be obtained before the remains are embalmed or final dispositian is made.

7	-			BALTIMORE CITY	HEALTH DEPARTMENT		190 00-	
BIR	1-40C	72 026	634	CERTIFICA	TE OF DEATH	REG. NO	72 0263	34
	AME OF DECI	Flizabes	16 10	use F1	2. DATE	AND HOUR OF DEATH	H 2's	25 P M
3.	PLACE IN BALT	IMORE MARYLAND, W	HERE PRONOL	INCED DEAD	4. USUAL RESIDENCE (WI	INTY	institution: residence be	efore odmission)
FU	LL NAME OF	(IF NOT IN HOSPIT	AL OR INSTITU	ITION, GIVE STREET	Maryland	Baltimor		500
IN:	NOITUTION	ADDRESS OF LOCA	A II O IV	100	c. CITY OR TOWN Baltimore	D. IN	YES NO	оП
7	7. M	ICRCU			E. STREET AND NUMBER	D 1		
	70.		I		6300 Liber		21207	
S. S	F	6. RACE	7- MARRIED [ WIDOWED [	DIVORCED	April 19, 18	T.	Months Doys Ho	Under 24 Hrs. ours Min.
		ocking lile, even if refired) Bendix Fries		BUSINESS OK INDUSIKI	Carroll Co.		12, CITIZEN OF WI	HAT COUNTRY?
13.	FATHER'S NAM		agol		14. MOTHER'S MAIDEN N. Ella A:	nn (West)		
16	Samue	Klir Ever in U. S. Armed For		1 6. SOCIAL				
(Ye	, no or unknown)	(If yes, give wor or dote	s of service)		17. INFORMANI timor	e, Maryland	2122Ô DRESS	1 7/
-	NO 18. / ( ) ( )	None		217-07-5424 CAUSE OF DEATH	A Mr. Samuel 1	H. Klingel	APPROXIA	MATE INTERVAL
	7/04	E OR CONDITION DI	RECTLY		Λ	0	BETWEEN O	NSET AND DEATH
		LEADING TO DEATH	duine on	(A) IMMEDIATE CAU		cular accio	dont	
	hearl failure,	ot mean the made of asthenia, etc. It means	the disease,	DUE TO, OR AS	CONSEQUENCE OF:		7	
		plication which caused NTECEDENT CAUSES	death.)	Onto	i chaty 1	not di		
		R CONDITIONS, if	any, giving	(B) DUE TO, OR AS	A CONSEQUENCE OF:	and assen	<u> </u>	
	rise la lhe	abave cause (A) CONDITION last.		(c) Urron	r abrimation	e lung d	irene	
		11	1/1/16			0		
TION		CANT CONDITIONS CO						
		ONDITION GIVEN IN PAR OPERATION 198. CON	DITION FOR V	VHICH OPERATION	20A. AUTOPSY? (Yes or	No) 20B. IF YES, WER	E FINDINGS CONSIDE	RED
CERTIFIC	0	WAS PER				IN CERTIFYING C	AUSES OF DEATH?	
CAL C	OR CONTRIBU	TING CAUSE OF medical examiner	21 B. hom etc.)	e, form, foctory, street, of	n or obout 21C. WHERE DID fice bldg., INJURY OCCUR?	(If in Boltim	are City, give exact loca	otian)
MEDI	21 D. TIME OF INJURY	(Month) (Doy) (Year)		INJURY OCCURRED	21F. HOW DID IN	NJURY OCCUR?	The same	
2	(APPROX.)		Whi	00				4 -
		that (1) (this haspital			Narch 4	19 7 V to	Plane 11	19 72.
	that (1) (we)	last saw the decease	d alive an	planh 11	19 12 and	that in my) (aur) a	plnian death accurr	ed an the date
			red obave.	(We) (did) (did nat) v	iew the bady after death		DATE SIGNED	
	23A. SIGNATU	Sha I	Jaa	AHO AHO	nding Med.	Shaff	23B. DATE SIGNED	11 1490
	23C. PHYSICIA		Lan	DEGREE	Director 23D. ADDRESS	Staff Phys.	Hrwach	11/17/12
	NAME (T	(Pe)	U	/				
244	BURIAL CRE	MATION, 24B. DATE	24C. N.A	ME of CEMETERY of CRE	MATORY 24D.	LOCATION (	City, town, or county)	(Stote)
	Buria	3/14/1	972 I	Corraine Park	Cemetery W	oodlawn	Baltimore	Co., Md.
254	A. DATE REC'D	BY HEALTH DEPT.	1 1 1	F REGISTRAL	256 FUNERAL DIRECT		erty Road Road	
	1932 4	6 1972 Paker	F E Fails	en TED.	Loring Byers	Funeral Di:	rectors, P.	Α.
VS	150-REV. 1/144	8						



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

B-652 72	02635		HEALTH DEPARTMENT TE OF DEATH	REG. NO.	72 02635
I.NAME OF DECEASED	6.000	~		ID HOUR OF DEATH	
(Type or Print) Ruby EL	tzbeth 1	BUYNS	Mar	12 1972	1 4:10 PM
3. PLACE IN BALTIMORE MARYLA	ND, WHERE PRONOUN	ICED DEAD	4. USUAL RESIDENCE (When	e deceased lived. If in	titution: residence before admission!
	OSPITAL OR INSTITUT	ION, GIVE STREET		Lerick	6000
INSTITUTION UNIVERSIT		Ind Hospa	C. CITY OR TOWN	www.	E CITY LIMITS?
38	7	• 1	E. STREET AND NUMBER		YES NO NO
5. SEX 6. RACE					
Flomoke Consision	7- MARRIED		8. DATE OF BIRTH	9. AGE (In yeors fost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Manths Doys Hours Min.
10A. USUAL OCCUPATION (Give kind	of work 10 B. KIND OF B	DIVORCED USINESS OR INDUSTRY	11. BIRTHPLACE (Stote or fore)	an sountry	12. CITIZEN OF WHAT COUNTRY?
Gracery Stare own	mired)		Frederick	Mr. 61	USA
13. FATHER'S NAME	4 6100	nus	14. MOTHER'S MAIDEN NAM	AE /	US II.
Oliver B. B	aker		Malla Da	4	
15. Was Deceased Ever in U. S. Arm. (Yes, no or unknown) (If yes, give wor o	ed Forces?	SECURITY NO.	17. INFORMANT	mis Burn.	ADDRESS
No	2	14-10-4292	Dard1 + Des	nnis Burn.	# 2 Thormat, Md.
18. / 8-8 X I		CAUSE OF DEATH			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITIO	ATH		Same	ell Conffe	24 . 1
(This does not meon the man heart failure, asthenia, etc. It n	neons the disease	DUE TO, OR AS A	CONSEQUENCE OF:	ell autte	11 122-72
talury or complication which co	oused deoth.)				1. 1.46
DISEASES OR CONDITIONS,		(B)	CONSEQUENCE OF:	*************	
ise to the above couse UNDERLYING CONDITION los	(A) sigling the		CONSEQUENCE OF:		
II	16	(C)	***************************************		
OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT RELATED	CONTRIBUTING				
DISEASE OR CONDITION GIVEN I	PART 1 (A).	CH OPERATION	(20 A. AUTOPSY? (Yes or No)	000 15 400	
	PERFORMED	1 10 DI 11	No.	IN CERTIFYING CAUS	IDINGS CONSIDERED SES OF DEATH?
OR CONTRIBUTING CAUSE OF	NG 218, PL	ACE OF INJURY (e.g., in	or about 21 C. WHERE DID	(If In Boltimore	City, give exoct location)
O DEATH (notify medical examiner)	None ela	nene	or order occor.		
OF INJURY	Yearl (Houd 21E IN	JURY OCCURRED	21F. HOW DID INJU	RY OCCUR?	
(APPROX) None	Work	At Work			
22. I certify that (1) (this has			12.0		nah 11 19 78
ond hour and from the causes	,		19and the	t in (my) (our) opinio	on death occurred on the date
23A. SIGNATURE	Stored abaves-try (1	re) (did) (did not) Vi	ew the bady ofter death.	12:	3B, DATE SIGNED
14. El dono	4	Attender Phys.	ding Med.	hys. 🖂	
23C. PHYSICIAN'S NAME (Type)		DEGREE	D. ADDRESS	~ <i>1</i> /	D sa
H.E. C	Sondy	DEGREE	University of	F Md /4	ospectal
24A. BURIAL CREMATION, 24B. DAT		of CEMETERY of CREA			town, or county) (Stote)
Burial 3-1 25A. DATE REC'D BY HEALTH DEPT.	6-72   Mt.	Olivet Cem		erick Fre	d. Co. Md.
MAR 1 6 1972 2.4	E Fallen Me		25C FUNERAL DIRECTOR	Raymon	d E. Chuager
VS 150-REV. 1/1/68	The second of	-U.	Juy runa 6	(orlagely	Thurmont, Md.

-FT- IS

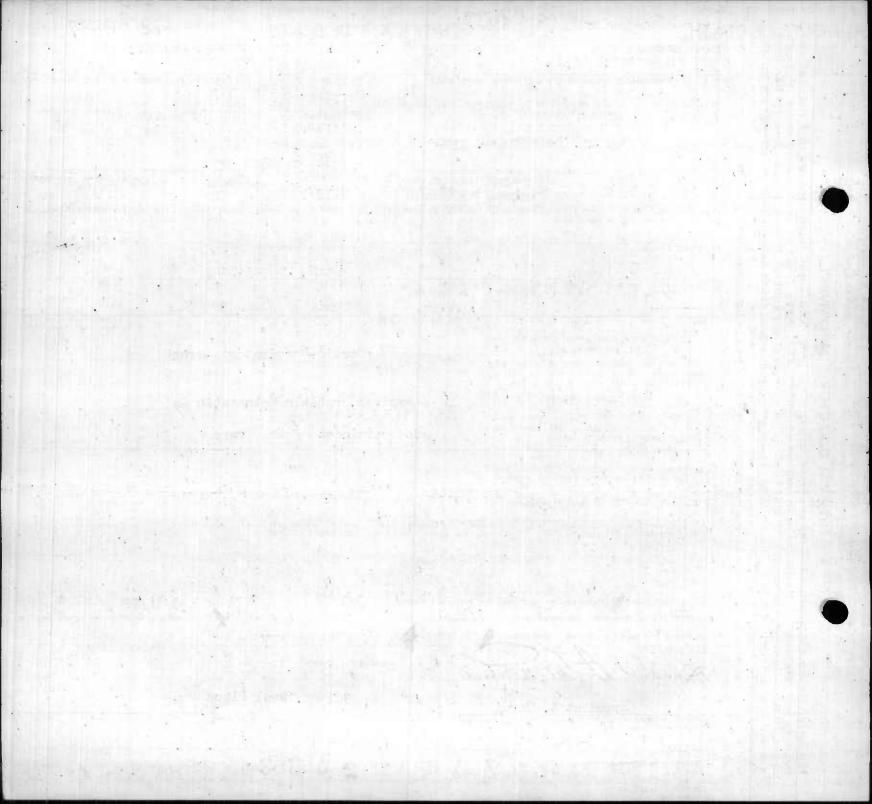
Jugmend Elesages

ype or Print)	Augusta S	ommerfi	ie1d	OF DEATH	Estimoted	3	11	72		M.
PLACE IN BAL	TIMORE, MARYLAND, V			3. DATE	NICED DEAD	Month	Doy	Yeor	Hour .	
ULL NAME OF IOSPITAL OR INSTITUTION	(IF NOT IN HOSPITA ADDRESS OR LOCA	AL OR INSTITU TION)	TION, GIVE STREET	PRONOUNCED DEAD  3 11 72 1:31 p.  5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)						М.
44	Union Memor	ial Hos	spital	A. STATE			B. COUNTY	9	102	,
. SEX	7. RACE	B. MARRIED	NEVER MARRIED	C. CITY OR	IOWN		D. INSIDE C	ITY LIMITS?		
female	White	WIDOWED	DIVORCED [	Balt	O e		Y	ES X N	10 🗆	
. DATE OF BIRTH	1 10. AGE (I	n yeors If	Under 1 Yr. If Under 24 Hrs. onths: Doys: Hours: Min.	E. STREET A	ND NUMBER					
Feb. 8.		"			914 Exete	r Hall	Road			
1. BIRTHPLACE (S	tote or foreign country)	12.	CITIZEN OF	13. FATHER'	NAME					
Germa	any		WHAT COUNTRY?	1-2		Ren	nek			
	PATION (Give kind of work orking life, even If retired)	14B. KIND O	F BUSINESS OR INDUSTRY	15. MOTHER	S MAIDEN NA	ME				
Housev	vife		None	U:	nknown					
6. WAS DECEASI	ED EVER IN U.S. ARMEL	FORCES?	17. SOCIAL SECURITY NO.	18. INFORM	ANT 20:	2 East	tern R	DRESSas	adena	Md.
No	8	0. 00	219 26 126	3 Mr.	Edward 1				211	22
19. 4	2.4		CAUSE OF DEA	ТН					ROXIMATE INTE	
DISEAS	E OR CONDITION DIRE	CTLY	Ar	teriosc	Lerotic c	ardiova	ascular	diseas		
	LEADING TO DEATH		(A)IMMEDIATE C				1000101	albeas	_	
(This does not heart foilure)	ot meon the mode of dy , osthenio, etc. It meons the	ring, e.g., diseose,		AS A CONSEQU	JENCE OF:					
injury or con	aplication which coused de	oth.)								
1A	NTECEDENT CAUSES		(R)							
DISEASES	OR CONDITIONS, IF AN'	Y, GIVING	(B)	AS A CONSEC	UENCE OF:					
	E ABOVE CAUSE (A) STA NG CONDITION LAST.	IING INE	(c)					0.10		
5			(0)			******				
OTHER SIGN	11 IFICANT CONDITIONS C	ONTRIBUTIN	G							
	ATH BUT NOT RELATED TO		AL							
20A. DATE OF	OPERATION 208. CO	NDITION FO	R WHICH OPERATION WA	AS PERFORM	ED			21. AUTOP	SY? (Yes or	No)
0 2/								ves -	head	
	NAL CAUSE WAS	228	B. PLACE OF INJURY (e.g.,	in or obout 2:	C. WHERE DID	(If in Boltimor	e City, give ex		11044	
	□OR CONTRIB- USE OF DEATH.	hoi	me, farm, loctory, street, office	e bldg., etc.) In	JURY OCCUR?					
22D. TIME	(Month) (Doy) (Yea	r) (Hour)	22E. INJURY OCCURRED	2:	F. HOW DID IN	JURY OCCU	JR?			
OF INJURY (APPROX.)				WHILE ORK						
23.		- 117.	/10	nead)						
l cert	ify that I held on I	nquiry		topsy xx	and that on t	his basis,	deoth in my	opinion		
result	ted from: Natural cau	ges xx	Accident Suicio	de Ho	micide 🗌	Undetermin	ned monner			
	11/	1 1 1	1411		HIEF MEDICAL	EXAMINER			DATE CLONE	
SIGNATI	IDF MIL	LOYL	MULY M.D	ASSIS	TANT MEDICAL	EXAMINER 3			DATE SIGNE	
EXAMIN		inkovi	c, M.D.	•	CIATE MEDICAL				3/12/7	2
NAME (T	уре)									
24A. BURIAL CREA			24C. NAME of CEMETERY	or CREMATO	RY 24D.	LOCATION	(City, tow	n, or county)	(Stote)	)
Burial		14,	1972 Geen Ha	aven M	em. Pk.	Glen	Burnie	. bM .		
	BY HEALTH DEPT.		ME OF REGISTRAR	25C. F	UNERAL DIRECT	OR		ADDRESS		
MADAR	1070 000	12.0	2 000				4007	Ditah	io W.	37
MARTO	JIZ Violens	a. gal	No. 2. 4. ()	J. Die	orge Ja	GOILCE	7001	MITTON	Te TM	Уе
S 151-REV. 1/1/68				100						V

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This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

	1/ 1/10	7:	2 026	37 BALTIMORE CITY	HEALTH DEPARTMENT	250 110	20 00000
BOR	TH NO.			CERTIFICA	TE OF DEATH	REG. NO	72 02637
	De or Print) Maj	rgaret Hill				AND HOUR OF DEATH	н   1:20 Р. м.
		MORE MARYLAND, W			4. USUAL RESIDENCE (WHA. STATE B. COU	nere deceased lived. If DNTY	institution: lesidence before admission)
HC	LL NAME OF OSPITAL OR STITUTION	Mercy Hosp	ATION)	JTION, GIVE STREET	c. CITY OR TOWN Baltimore	D. IN	ISIDE CITY LIMITS?
	37	301 St. Par		e. 212 <del>0</del> 2	E. STREET AND NUMBER		YES _tx NO _
			Te a		3914 Brook	9. AGE (In yeors	If Under 1 Yr., If Under 24 Hrs.
S. :	F	W	WIDOWED[		2/12/1900	lost birthdoy)	Months Doys Hours Min.
		PATION (Give kind of work orking life, even if retired)	10B, KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fo	reign country)	12. CITIZEN OF WHAT COUNTRY?
1001	"ourgail				Manuland.		11.5.A.
13.	FATHER'S NAM	i E			14. MOTHER'S MAIDEN NA	AME	
	1	1 5000			Sarah (. Me	aci Ihanu	
15.	Woy Decedsed	A. Snuder Ever in U. S. Armed For	ces?	1 6. SOCIAL	17. INFORMANT	ecir as ag	ADDRESS
(Ye	s, no or unknown)	(If yes, give wor or dote	s of service)	SECURITY NO.	01	2011, 0.	1.1
_	Tip.			CAUSE OF DEAT	Dolores Harri	son 3914 Bre	APPROXIMATE INTERVAL
	OlseAse L (This does no heart lailure, c injury ar camp	OR CONDITION DIL EADING TO DEATH Il meon the made al Isthenia, etc. It means Slication which coused NTECEDENT CAUSES	dying, e.g., the disease,		tes, Probable Me A CONSEQUENCE OF:		
	rise to the	R CONDITIONS, il obave cause (A) CONDITION last.			a consequence of: arcinoma of the		
	ONDEREINO			(0)			
VOITA	TO THE DEATH	CANT CONDITIONS CO	HE TERMINAL				
CERTIFICATION		OPERATION GIVEN IN PAR OPERATION 198. CON WAS PER	DITION FOR V	WHICH OPERATION	20A. AUTOPSY? (Yes or	No) 20B. IF YES, WER	E FINDINGS CONSIDERED AUSES OF DEATH?
14	OR CONTRIBUT	T WAS UNDERLYING [TING CAUSE OF medical examines	21 B. hom etc.)	e, faim, factory, stieet, o	n or obout 21C. WHERE DID ffice bldg., INJURY OCCUR?	(If in Boltim	ore City, give exoct location)
MEDIC	21 D. TIME OF INJURY (APPROX.)	(Month) (Doy) (Yeoi)		INJURY OCCURRED  Not White At Work	21 F. HOW DID IN	NJURY OCCUR?	
	22. I certify that (T) (we)	that W (this haspital	) attended ti	he deceased from	3/2/72	19 72 ta that in (ind) (aur) a	3/11/72 19
			ted abave. A	(We) (dld) (distrat)	view the bady after death	1.	
	23A. SIGNATUR	lit Ates	mine	DEGREE AH	ending Med. Director	Stoff Phys.	23B. DATE SIGNED
	23C-PHYSICIAN NAME (Ty	pe)	m		301 St. Pau	l Place	
24	A. BURIAL CREM	Benedict A	24C. N	DEGREE  AME of CEMETERY of CR			City, lown, or county) (State)
	REMOVAL (S	pecify)				0 1	
25	A. DATE REC'D	STATE DEPT	25B NAME-C	Len Haven	25C. FUNERAL DIRECT	alto. Md.	ADDRESS
25	MAR 16	1972 Vales	E. Jabe	A 0 0	2 Colly Fil	Zeral Home	130 E. Fort Ave. 21230
VS	150-REV. 1/1/6	В					



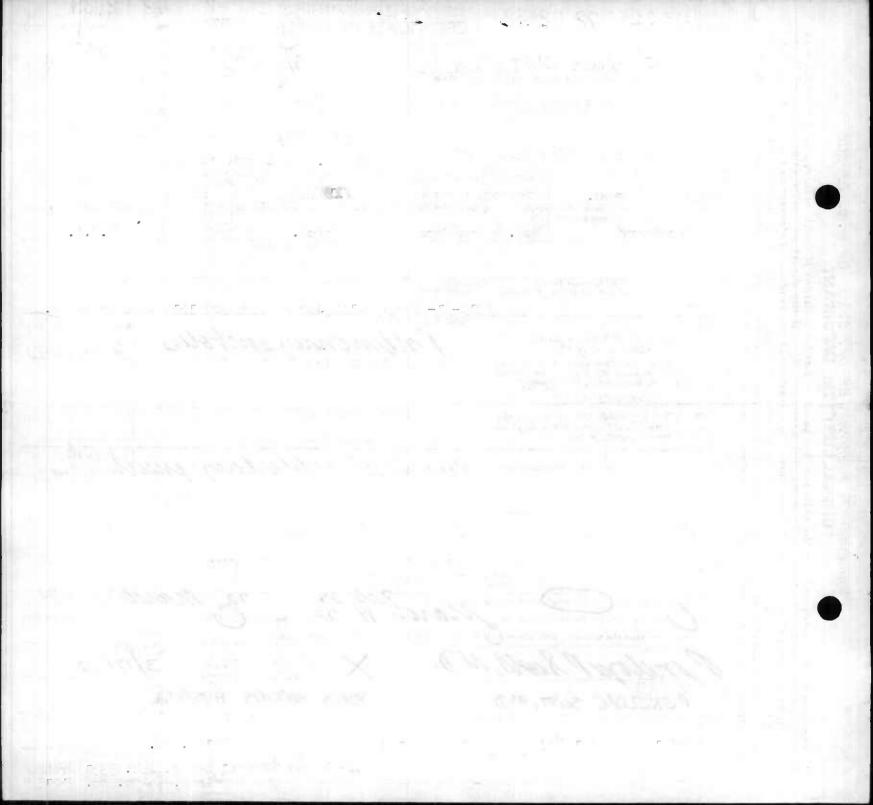
BALTIMORE	CITY HEALTH DEPARTMENT
D-26/	79 119636
BIRTH NO. 72 02638 CERTIFIC	CATE OF DEATH REG. NO. 12 02000
(Type or Print)	2. DATE AND HOUR OF DEATH
GEORGE ERNEST STRAUB  3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	MARCH 13, 1972  6.00 Am  4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
WHERE PAGINGUNGED DEAD	A. STATE B. COUNTY
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	Maryland Baltimore 5 4 7 7
INSTITUTION	C. CITY OR TOWN D. INSIDE CITY LIMITS?
40	Baltimore YES NO K
St. Agnes Hospital	5 Overbrook Rd.
5. SEX 6. RACE 7. MARRIED NEVER MARRIED	X 8. DATE OF BIRTH 9. AGE Un years If Under 1 Ye . If Under 24 His.
Male White WIDOWED DIVORCED	Jan 7.1900 lost billiday) Months Days Hours Min.
OA, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUS	TRY 11. BIRTHPLACE (State or fareign country) 12. CITIZEN OF WHAT COUNTRY
Engineer Monitor Control	lan Mamalana
3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME USA
Francis George Straub	Emma Doenges
5. Wes Deceesed Ever in U. S. Armed Forces?   16. SOCIAL	17. INFORMANT ADDRESS
Yes   WW I   214 01 52	ATH APPROXIMATE INTERVAL
bierace of condition and	BETWEEN ONSET AND DEATH
LEADING TO DEATH	
heart failure, asthenia, etc. it means the disease.	AS A CONSEQUENCE OF:
injury or camplication which caused death.)	· · ·
ANTECEDENT CAUSES (8)	me. Myocardiles, 530'
DISEASES OR CONDITIONS, it any, giving ise to the above cause (A) stating the	AS A CONSEQUENCE OF:
UNDERLYING CONDITION loss. (C) Wiles	maleroly C. O. disuse 3 37.
z	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).	
O DISEASE OR CONDITION GIVEN IN PART 1 [A].	[20A. AUTOPSY? (Yes or No.)] 20B, IF YES, WERE FINDINGS CONSIDERED
WAS PERFORMED	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
OR CONTRIBUTION OF THE OWNER OWNE	in or obout 21 C. WHERE DID office bldg., [NJURY OCCUR?]
DEATH (notify medical examiner)  21D-TIME (Month) (Day) (Year) (Haw) 21E INJURY OCCURRED  White As Free Landson, factory, sheet, etc.)	ance bidge indoxe occoss
21D.TIME (Manth) (Day) (Year) (Haud) 21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
(APPROX.) While At Work At Wo	hile
22. I certify that (I) (this hospital) attended the deceased from	
that (1) (we) lost saw the deceased office on 3-11-	1972 and that in (my) (our) opinion death occurred on the date
ond hour and from the couses stated abave. (1) (We) (dN) (did nat	view the body ofter death.
23A. SIGNATURE	23B DATE SIGNED
Partieres 11. 20(1862) 20. //// )	thending Med. Director Phys. 3-13-72
23C. PHYSICIAN'S NAME (Type)	23D. ADDRESS
Dr. Wilmer K. Gallagher, Sr.	6209 Frederick Ave. Baltimore, Md.
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of GEMETERY of C	REMATORY 24D. LOCATION (City. town, or county) (State)
Burial 3/16/72 Western	
25A. DATE REC'D BY HEALTH DEPT.   25B. NAME OF REGISTRAR	Baltimore, Maryland  [25C. FUNERAL DIRECTOR, ADDRESS
MAR 1 6 1972 3 Base & SURZ 2 0 0	Edw. S. MacNabb Sons, Inc.
/S 150-REV. 1/1/68	

301 Frederick Rd. Catowwille,

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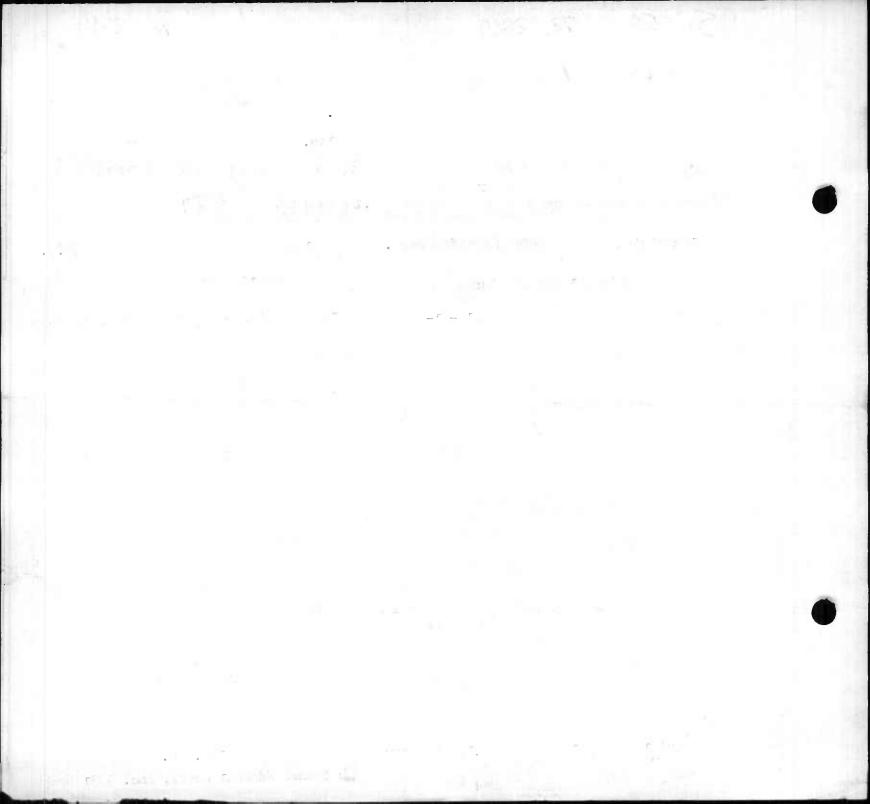
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased

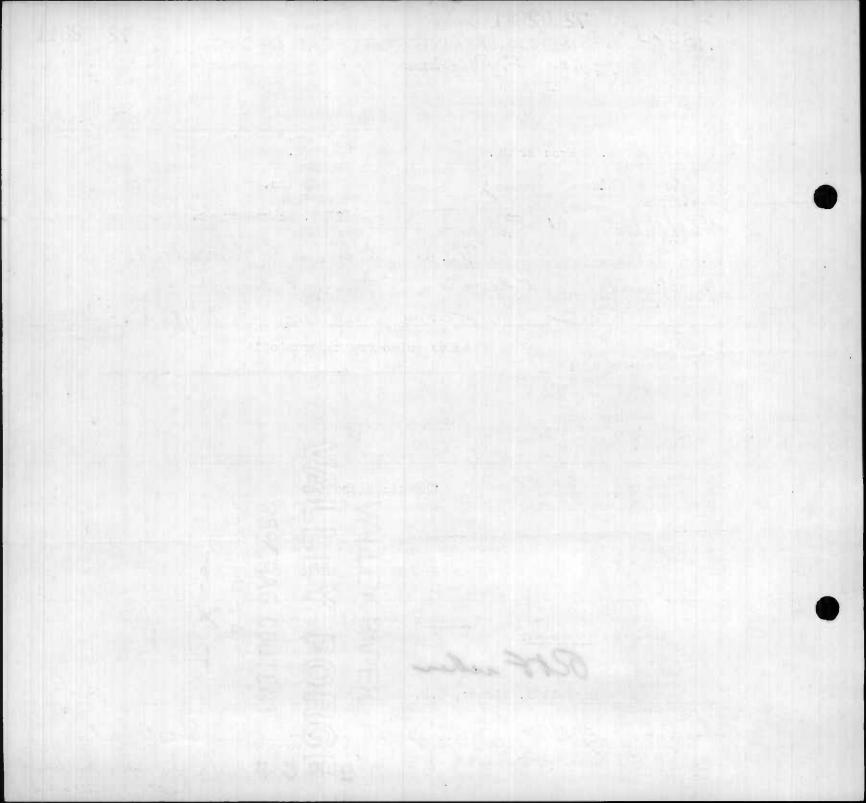
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n form	1-322	12 00	JUO L	CERTIFICA	TE OF DEATH	REG. NO	
BIRTH	NO. AE OF DECEASED					ND HOUR OF DEATH	3.7
(Туре с	or Print CHARLI	ES N	1ATOU	SEK	3/19	1/72	333
3. PLA	CE IN BALTIMORE, MAR				4. USUAL RESIDENCE (WI		institution: residence before
FLIII I	NAME OF RENOTA	ATIGOON M	OP INSTITUT	TION GIVE STREET	Maryland		702
HOSPI	NAME OF (IF NOT I TAL OR ADDRESS UTION	OR LOCA	IONI	TION, GIVE STREET	C. CITY OR TOWN	D. IN	SIDE CITY LIMITS?
5	2				Baltimore		YESY NO
0	The Tehne II	omle i m	a Heam	i + - 1	E. STREET AND NUMBER		
	The Johns H	оркти	s Hosp	1 Cd1	815 N. Mont		
5. SEX	6. RACE	7	· MARRIED	NEVER MARRIED	& DATE OF BIRTH	9. AGE (In years last birthday)	Months Doys Hours
Ma.			WIDOWED		6/21/1881	90	
10A, US	SUAL OCCUPATION (Give luring most of working life, even	kind of work	OR KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fo	reign country)	12. CITIZEN OF WHAT
done do	Secretary		Mad. &	Bradford	Czech.		U.S.A.
13. FA1	THER'S NAME				14. MOTHER'S MAIDEN N.	AME	300000
15. Wes	s Decessed Ever in U. S.	Armed Force	11 780	6 SOCIAL	17. INFORMANT		ADDRESS
(Yes, no	or unknown! (If yes, give v	war or dates	of service)	SECURITY NO.			
	no			212-01-9775	Helen Carmody	(dghtr) 16	10 Park Grove
18,	7000			CAUSE OF DEAT		, ,	APPROXIMATE I
	DISEASE OR CONDI		CTLY	FM	monacy,	emboli	12 20000
CT	LEADING TO	mode of	dying, e.g.,	(A) IMMEDIATE CA	A CONSEQUENCE OF:		2 LUM
he	in bilan cupation	. It means	he disease	DUE TO, OK AS	A CONSEQUENCE OF		
	The Alley of the Alley and Alley at the Alle	DDODENA	100				
in		/	0417				
	ANTECEDENT	CAUSES	A	(B)			
	ANTECEDENT	CAUSES	A	(B) DUE TO, OR AS	S A CONSEQUENCE OF:		
Di		CAUSES DAIS / II o	A	(6)	S A CONSEQUENCE OF:		
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Dr. His UI	ANTECEDENT	CAUSES ONE IN O	ny. <b>Latin</b> by		S A CONSEQUENCE OF:	eding:	meismon
Dr. His UI	ANTECEDENT  TELEPTICAL  THER SIGNIFICANT CONDITION  THER SIGNIFICANT CONDITION  THE DEATH BUT NOT RESEASE OR CONDITION GIVE	CAUSES II CONTINUE CO	TRIBUTING	Persista	mt 61616	eduz;	
Dr. His UI	ANTECEDENT  THE STATE OF CONDITION  THE SIGNIFICANT CONDITION  THE DEATH BUT NOT REI	CAUSES II CONTINUE CO	TRIBUTING ETERMINAL I (A).	Persista	20A AUTOPST? (Yes or	No. 208, IF YES, WER	1 Loke  Meliturore  E FINDINGS CONSIDERED  AUSES OF DEATH?
ERTIFICATION CAN DE LA COMPANSION	ANTECEDENT  THE STATE OF CONDITION  THE SIGNIFICANT CONDITION  THE DEATH BUT NOT REI  SEASE OR CONDITION GIV  A DATE OF OPERATION	CAUSES ONS AND TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL	TRIBUTING ETERMINAL I (A).	(c)	20A. AUTOPST? (Yes or NO		E FINDINGS CONSIDERED AUSES OF DEATH?
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CERTIFICATION 151	ANTECEDENT  THER SIGNIFICANT CONDITION  THE DEATH BUT NOT REI  A DATE OF OPERATION  A. A CCIDENT WAS UNDO  R CONTRIBUTION CAUSE  EATH (notify medical examination)	CAUSES ONS AT A CONTROL OF THE CONTR	TRIBUTING E TERMINAL I (A).  218. I home etc.)	PLACE OF INJURY (e.g., farm, factory, street, o	20A AUTOPSYS (Yes or NO in or about 21C, WHERE DID office bidg, INJURY OCCUR?	(If In Boltim	E FINDINGS CONSIDERED AUSES OF DEATH?
CERTIFICATION 151	ANTECEDENT  INTEREST OF CONDITION  INDERLYING CONDITION  THER SIGNIFICANT CONDITION  THE DEATH BUT NOT REI  SEASE OR CONDITION GIV  A DATE OF OPERATION  A A CCIDENT WAS UNDER  R CONTRIBUTION   CAUSE	CAUSES ONS AT A CONTROL OF THE CONTR	TRIBUTING E TERMINAL I (A).  218. I home etc.)  (Hour) 218.	PLACE OF INJURY (e.g., form, factory, street, of INJURY OCCURRED	20A AUTOPSYS (Yes or NO in or about 21C, WHERE DID office bidg, INJURY OCCUR?	(If In Boltim	E FINDINGS CONSIDERED AUSES OF DEATH?
AEDICAL CERTIFICATION	ANTECEDENT  ISTAILS DE CONDITION  INDERLYING CONDITION  THER SIGNIFICANT CONDITION  THE DEATH BUT NOT REI  SEASE OR CONDITION GIV  A. DATE OF OPERATION  CONTRIBUTINO CAUSE  EATH (notify medical examination)  D. TIME (Month) (Do	CAUSES ONS AT A CONTROL OF THE CONTR	TRIBUTING E TERMINAL I (A).  218. I home etc.)  (Hour) 218.	PLACE OF INJURY (e.g., farm, factory, street, c	20A-AUTOPSY? (Tes or NO in or about 21 C, where DID in the bidg, INJURY OCCUR?	(If In Boltim	E FINDINGS CONSIDERED AUSES OF DEATH?
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MEDICAL CERTIFICATION  MEDICAL CERTIFICATION  TO SEE THE CATION  TO SE	ANTECEDENT  INTERSIGNIFICANT CONDITION  THE SIGNIFICANT CONDITION  THE DEATH BUT NOT REI  SEASE OR CONDITION GIV  A DATE OF OPERATION  A ACCIDENT WAS UNDO  A CONTRIBUTINO CAUSE  EATH (notily medical examination of the contribution of the condition of the condi	CAUSES  DATA  THE PROPERTY OF	TRIBUTING E TERMINAL 1 (A).  THOM FOR WORMED  (Hous) 21E. While Work  attended the alive on and above. (1)	PLACE OF INJURY (e.g., form, factory, street, of the control of th	20A AUTOPSY? (Yes ar NO in or about 21C, WHERE DID office bidg, INJURY OCCUR?  215. HOW DID IT  19 22 and view the body after death office bidg.  Med. Director [23D. ADDRESS]	(If In Boltim	e FINDINGS CONSIDERED CAUSES OF DEATH?  Fore City, give exact location)  pl nian death accurred an exact location of the course
WEDICAL CERTIFICATION  MEDICAL CERTIFICATION  TO SEE THE SEE T	ANTECEDENT  INTERSIGNIFICANT CONDITION  THE SIGNIFICANT CONDITION  THE DEATH BUT NOT REI  SEASE OR CONDITION GIV  A DATE OF OPERATION  A ACCIDENT WAS UNDO  A CONTRIBUTINO CAUSE  EATH (notily medical examination of the contribution of the contribu	CAUSES ONS AS ON INTERPRETATIONS CONTINUES TO THE PROPERTY OF	TRIBUTING ETERMINAL I (A).  (Hour) 21E While Work work all ye on add above. (1)	HICH OPERATION  PLACE OF INJURY (e.g., farm, factory, street, e.g., farm, fa	20A. AUTOPSY? (Yes ar NO in or about 21C, WHERE DID office bldg., INJURY OCCUR?  21F. HOW DID II  21F. HOW DID II  21F. HOW DID II  21F. HOW DID II  22F. HOW D	(If In Boltim	E FINDINGS CONSIDERED AUSES OF DEATH?  FOR City, give exoct locotion)
WEDICAL CERTIFICATION  MEDICAL CERTIFICATION  TO SEE THE SEE T	ANTECEDENT  INTERSIGNIFICANT CONDITION  THE SIGNIFICANT CONDITION  THE DEATH BUT NOT REI  SEASE OR CONDITION GIV  A. DATE OF OPERATION  D. TIME (Month) (Do  F INJURY (Month) (Do  F INJURY (Month) (Do  TO THE CONTRIBUTION	CAUSES  DATA  THE PROPERTY OF	TRIBUTING ETERMINAL I (A).  (Hour) 21E While Work work all ye on add above. (1)	PLACE OF INJURY (e.g., farm, factory, street, of the control of th	20A. AUTOPSY? (Yes ar NO in or about 21C, WHERE DID office bldg., INJURY OCCUR?  21F. HOW DID II  21F. HOW DID II  21F. HOW DID II  21F. HOW DID II  22F. HOW D	(If In Boltim	e FINDINGS CONSIDERED CAUSES OF DEATH?  Fore City, give exact location)  pl nian death accurred an exact location of the course
MEDICAL CERTIFICATION  MEDICAL CERTIFICATION  TO DE	ANTECEDENT  INTERIOR CONDITION  II THE SIGNIFICANT CONDITION  THE DEATH BUT NOT REI  A. ACCIDENT WAS UNDO  R. CONTRIBUTINO CAUSE  EATH (nofily medical examination)  TIME (Month) (Do  F INJURY  APPROX.)  L. I certify that (1) (this  and (1) (we) last saw the  and hour and from the cause  A. SIGNATURE  C. PHYSICIAN'S  NAME (APPROX.)  BURIAL CREMATION, 24E,  REMOVAL (Specify)  24E,  REMOVAL (Specify)  A. CONDITION  TO THE CON	CAUSES ONS AS ON INTERPRETATIONS CONTINUES TO THE PROPERTY OF	TRIBUTING E TERMINAL 1 (A).  (Hour 21E. While Work 21C. NA. D. 24C. NA.	HICH OPERATION  PLACE OF INJURY (e.g., form, factory, street, or INJURY OCCURRED  At Work  a deceased from (We) (did) (did not)  DEGREE  ME of CEMETERY or CI	20A AUTOPSY? (Yes or NO in or about 21 C. WHERE DID office bidge INJURY OCCUR?  21 F. HOW DID II  21 F. HOW DID II  21 F. HOW DID II  22 J.	(If In Boltim	pl nian death accurred ar  238, DATE SIGNED  3/// 72  City, town, or county)
MEDICAL CERTIFICATION  NOTICAL CERTIFICATION  OUT  OUT  OUT  OUT  OUT  OUT  OUT  O	ANTECEDENT  INTERSIGNIFICANT CONDITION  THER SIGNIFICANT CONDITION  THE DEATH BUT NOT REI  SEASE OR CONDITION GIV  A. DATE OF OPERATION  A. ACCIDENT WAS UNDO  R. CONTRIBUTINO CAUSE  EATH (notily medical examination)  D. TIME (Month) (Do  F INJURY  APPROX.)  2. I certify that (I) (this  and (I) (we) last saw the  and hour and from the cause  A. SIGNATURE  BURIAL CREMATION, 24B.  REMOVAL (Specify)  24B.  REMOVAL (Specify)  24B.	CAUSES  ONS AI a  THE NI IAN IN IAN IN IAN IAN IAN IAN IAN IA	TRIBUTING E TERMINAL 1 (A).  (Hour 21E. While Work 21C. NA. D. 24C. NA.	HICH OPERATION  PLACE OF INJURY (e.g., form, factory, street, or INJURY OCCURRED  At Work  a deceased from (We) (did) (did not)  DEGREE  ME of CEMETERY or CI	20A AUTOPSY? (Yes or NO in or about 21C, WHERE DID office bidg., INJURY OCCUR?  215. HOW DID IT  19 22 and view the body after death  anding Med. Director 123D. ADDRESS  TOWN HORK  REMATORY 24D.  225C. FUMERAL DIRECT	If In Boltim	pl nian death accurred are 23 B. DATE SIGNED 3/// 72  City, town, or county)  Md.  ADDRESS
MEDICAL CERTIFICATION  NOTICAL CERTIFICATION  OUT  OUT  OUT  OUT  OUT  OUT  OUT  O	ANTECEDENT  INTERIOR CONDITION  II THE SIGNIFICANT CONDITION  THE DEATH BUT NOT REI  SEASE OR CONDITION GIV  A DATE OF OPERATION  A ACCIDENT WAS UND  R CONTRIBUTINO CAUSE  EATH (noily medical examination)  D. TIME (Month) (Do  T. TIME (Mont	CAUSES  ONS AI a  THE NI IAN IN IAN IN IAN IAN IAN IAN IAN IA	TRIBUTING E TERMINAL 1 (A).  THOM FOR WORKED  (Hous) 21E. While Work of above (1)  24C. NA	HICH OPERATION  PLACE OF INJURY (e.g., form, factory, street, or INJURY OCCURRED  At Work  a deceased from (We) (did) (did not)  DEGREE  ME of CEMETERY or CI	20A AUTOPSY? (Yes or NO in or about 21C, WHERE DID office bidg., INJURY OCCUR?  215. HOW DID IT  19 22 and view the body after death  anding Med. Director 123D. ADDRESS  TOWN HORK  REMATORY 24D.  225C. FUMERAL DIRECT	(If In Boltim	pl nian death accurred ar  238, DATE SIGNED  3/// 72  City, town, or county)



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

	1-10-10	ATE OF DEATH REG. NO. 72 02640
I k.	NAME OF DECEASED	ATE OF DEATH
	TYPE OF PRINT STANKIEWICZ	2. DATE AND HOUR OF DEATH
	S. PLACE IN BALTIMORE MARYLAND, WHERE PRONOUNCED DEAD	MARCH 12 1972 336 A, M.  4. USUAL RESIDENCE (Where deceased lived, Il institution: residence before admission)
	FULL NAME OF OF THE NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	Md. 2643
1.0	National	C. CITY OR TOWN D. INSIDE CITY LIMITS?
- Ili		E. STREET AND NUMBER
6	to BALTIHORE INC.	3614 ELMORA AVE #21213
5	SEX 6. RACE 7. MARRIED X NEVER MARRIED	TO THE TELES
	MALE CAUCASIAN WIDOWED DIVORCED	17 75 04   lost birthdoy) 6 7   Months Days Hours Min.
=   t	DA. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY one during most of working life, even if retired)	11. BIRTHPLACE State or loroign country) 12. CITIZEN OF WHAT COUNTRY?
	Electrician Johns Hopkins Hosp.	
5 1	B. FATHER'S NAME	Poland U.S.A.
2	Mint a Clark	D
2 13	Michael Stankieuricz  Was Deceased Ever in U. S. Armed Forces:  10. SDCIAL es,no or unknown) (If yos, give wor or doles of service)  SECURITY NO.	Rozalia Furman
	no   213-01-8556  18.   CAUSE OF DEA1	Helen Stankiewicz (wife) same as above
	DISEASE OR CONDITION DIRECTLY	BETWEEN ONSET AND DEATH
	LEADING TO DEATH	USE ACUTE PANCREATITIS 19 days
	(A) IMMEDIATE CAL  (A) IMMEDIATE CAL  (A) IMMEDIATE CAL  (A) IMMEDIATE CAL  (B) IMMEDIATE CAL  (C) IMMEDIATE	A CONSEQUENCE OF:
	ANTECEDENT CAUSES	TEARL PLEURAL FEERING 19 1
	DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS	TEAAL PLEVAAL EFFUSION 19 days
	rise to the obove cause (A) stating the UNDERLYING CONDITION last,	INOMA OF THE PANCREAS
	(0).55.11.1	the state of the s
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL	
. II	DISEASE OR CONDITION GIVEN IN PART 1 (A).	000 000 000 000 000 000 000 000 000 00
ERTIFICATION	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTDPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g.,	in or obout 21 C. WHERE DID (If In Boltimore City, give exact location)
N S	DEATH (notify medical examinari etc.)	lice bidg. INJURY OCCUR?
MEDI	21 D. TIME (Month) (Doy) (Year) (Hour) 21 E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
2	(APPROXI While At Work At Work	e 🗂
	22. I certify that (I) (this hospital) ottended the deceased from 2	
	that (1) (we) lost saw the deceased alive an March 12	M 3
	and haur ond from the couses stated abave. (1) (We) (did) (did not) v	
	23A, SIGNATURE	23B, DATE SIGNED
	State 90-8 AHO	nding Med. Shiff CO.
	23C.PHYSICTAN'S NAME (Type)	Director Phys. 2 MARCH 12, 1972
	DANIFI W. MIRFIMAN HD	Siddi Hoopital of baring
24	REMDIVAL (Specify)  REMDIVAL (Specify)  REMDIVAL (Specify)	SINAI HOSPITAL OF BALTIMORE MATORY 24D. LDCATION (City, town, or county) (Stole)
	D	,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
25	A. DATE REC'D BY HEALTH DEPT. 258, NAME OF REGISTRAR	Batto . Md.  ADDRESS
	MAR 1 6 1972 2 12 Fallen M.D.	Schimunek Funeral Homes, Inc. 3331 Brehms
VS	150-REV. 1/1/68	Lare, Balto, Md.





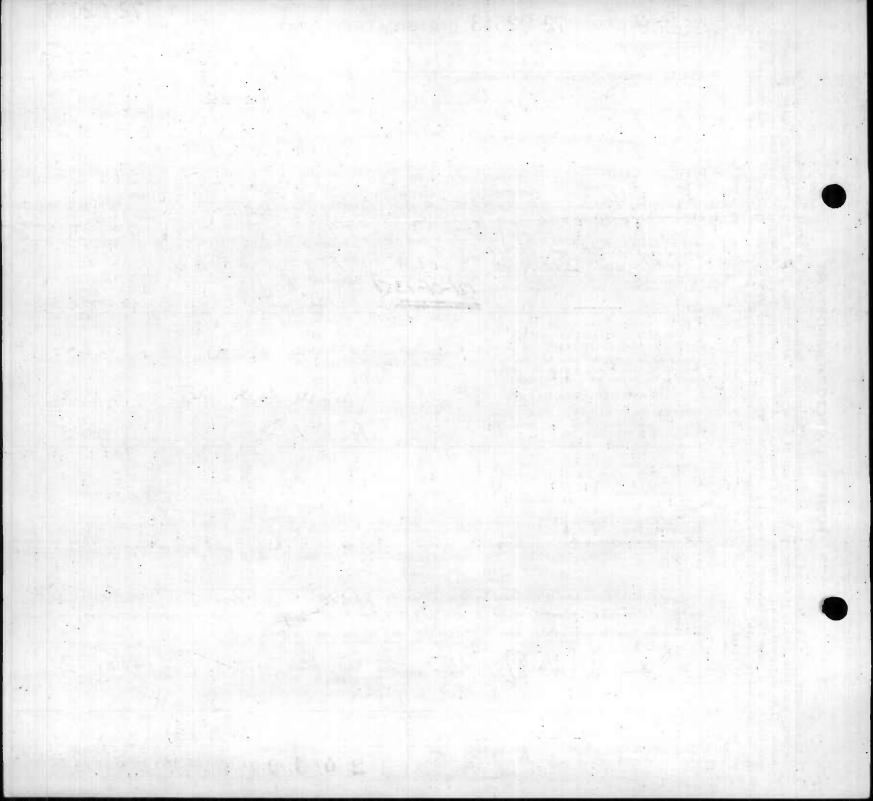
72 02642 BALTIMORE CITY HEALTH DEPARTMENT

K-460 BIRTH NO.		MEDI	ICAL		AMINER'S			OF	DEAT	H REG.	NO	72	0264	15
1. NAME OF DECI	EASED Mani	fred i	Kell	er		2. DATE OF DEATH	Known [		Manth 3	Doy 13		Year 72	Hnur 1:26	P
4. PLACE IN BALT	IMORE, MARYL	AND, WI	HERE PI	ONO	UNCED DEAD	3. DATE			Month	Day		Year	Hour	
FULL NAME OF	(IF NOT IN	HOSPITAL	OR INS	TITUTIO	N, GIVE STREET	PRONC	OUNCED DEAD	)	3	13		72	1:26	P. M
or institution				Ger	meral Hosp.	5. USUAL A. STATE	Mary1a			ved. If inst B. COUP	VIV _	oence b	efore odmi	
6. SEX	7. RACE		8. MARR	IED [	NEVER MARRIED	C. CITY O				D. INSI	DE CITY LI	MITS?		
Male	White		WIDOV	VED [	DIVORCED	Gle	n Burni	e_ :	1		YES [		No 🛛	
Nov. 27,		AGE (In this birthday)	years )	If Un Manth	der 1 Yr. II Under 24 Hrs ns ; Days ; Haurs ; Min	E. STREET	AND NUMBE 725 Wi		er Road	d <sub>ax</sub>				
11. BIRTHPLACE (SI	ate ar fareign co	ountry)			TIZEN OF THAT COUNTRY?	13. FATHER								
14A.USUAL OCCUP	ATION (Give kind orking life, even to ter	d af work 14 I retired)	EAR.	_	ner of the survey	Y 15. MOTHI	ER'S MAIDEN	NAM	own)					
16. WAS DECEASE	D EVER IN U.S.	ARMED	FORCES	?	17. SOCIAL SECURITY NO.	18. INFOR	MANT				ADDRE	SS		
(Yes, na ar unknawn) No	NO		service	,	171/03/3750	Mrs.	Viola	L.	Kelle	er (	wife)	) 5	ame a	s #5
COLOR OTHER SIGNI	OR CONDITION EADING TO DE I mean the made asthenia, etc. It is possible to the mode of the	de of dylineans the coused death  USES S, IF ANY, (A) STATI I LAST.	g, e.g., disease, h.)  GIVING NG THE	ING INAL	(8)	AS A CONSE	Cerioscl	ero		ardio ease	vascu	lar		
20A. DATE OF					VHICH OPERATION V	AS PERFOR	MED				21.	AUTO	PSY? (Yes	r Na)
													Yes	
UNDERLYING UTING CAU  22D. TIME (A  OF INJURY (APPROX.)	JAL CAUSE WAS OR CONTRIB JSE OF DEATH. Manth) (Day)	3-		hame,		ce bldg., etc.)	22C. WHERE I INJURY OCCU 22F. HOW DII	JR?			ve exact loca	atian)		
	R'S	Al cous	25	Ac	cident Suici	Deputy o. Ass	ond that omicide CHIEF MEDIC	CAL E	XAMINER				DATE SIGN 3-14-7	
24A. BURIAL CREM REMOVAL (Specify	ATION. 248.	DATE	11	Dit	NAME of CEMETERY	or CREMATO	ORY	24D. L	OCATION	(City,	, tawn, ar c	county)	(Sta	le)
Burial		/17/7	72		Glen Haven	Memori	al Park	. 1	Glen E	Burni	e. E	AA	Md.	
25 A. DATE REC'D E					OF REGISTRAR		FUNERAL DIR			hair	ADDRE		110	
MAR 16 1	372 026	13 R.	Fall	Gag!	M 2 0 0	O Zi	ngletor	10	unera.	Hon	ne, GI	Len	Burni	e, M
VS 151-REV. 1/1/68														

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the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

T = 0.	- 11	HEALTH DEPARTMENT		72 02643
172 02 BIRTH NO.	643 CERTIFICA	TE OF DEATH	REG. NO	72 02010
T, NAME OF DECEASED (Type or Print) Thomas Han	nah Jane	2. DATE AN	D HOUR OF DEATH	745 M
3. PLACE IN BALTIMORE, MARYLAND, WHERE PR	ONOUNCED DEAD	4. USUAL RESIDENCE (When	e deceased lived. If in	
FULL NAME OF HOSPITAL OR II HOSPITAL	NSTATUTION, GIVE STREET	C. CITY OR JOWN	ABETOX,	2404 DE CITY LIMITS?
half bullinger /	see O Specifal	Baltimo	re,	YES NO
43	nexac./pg.	E. STREET AND NUMBER	bster &	<i>F</i> ,
S. SEX   6. RACE   7. MAR	RIED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. , If Under 24 Hrs.
- U/ WIDO	WED DIVORCED	1-12-99	lost birthdoy 73	Months Doys Hours Min.
tOA, USUAL OCCUPATION (Give kind of work 108, KIN done during most of working life, even if retired)	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or foreign	gn country)	12. CITIZEN OF WHAT COUNTRY
	un Home	Pa.		U.S.
13. FATHER'S NAME BALZER Zig	ler (Xac)	14. MOTHER'S MAIDEN NAM	1	
S. Was Deceosed Ever in U. S. Armed Forces?	le, (Dec)	Margar	E/ Haas	ADDRESS
Yes, no or unknown) (if yes, give wor or dotes of ser	ice) / Product No.35/	7. INFORMANT	6	ADDRESS
18.	CAUSE OF DEATH	Daugitt	κ.	SOME APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY	CAUSE OF DEATH	A		BETWEEN ONSET AND DEATH
LEADING TO DEATH	(A)IMMEDIATE CAU	salardinamic st	NICLE	12 hours.
(This does not meon the mode of dying, heart failure, asthenia, etc. it means the dis	e.g., DUE TO, OR AS	CONSEQUENCE OF:		
injury or complication which coused death.)		0 110 0	1 1 7	101
ANTECEDENT CAUSES	(8)	No Falle /ter	re mix.	18 hms.
DISEASES OR CONDITIONS, if ony, g		A CONSEQUENCE OF:		
UNDERLYING CONDITION Iosi.	(C)	MYCND		yan,
Z	110			
OTHER SIGNIFICANT CONDITIONS CONTRIBUT TO THE DEATH BUT NOT RELATED TO THE TERMI DISEASE OR CONDITION GIVEN IN PART 1 [A].				***************************************
DISEASE OR CONDITION GIVEN IN PART 1 (A).  19A. DATE OF OPERATION WAS PERFORMED  21A, ACCIDENT WAS UNDERLYING	FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or No)	20B. IF YES, WERE IN CERTIFYING CAL	FINDINGS CONSIDERED
OR CONTRIBUTING CAUSE OF DEATH (notify medical exominer)	218. PLACE OF INJURY (e.g., in hame, lorm, factory, street, of etc.)	or obout 21C. WHERE DID	(If In Baltimore	e City, give exoct locotion)
O 21D. TIME (Month) (Day) (Year) (Hour)	21E, INJURY OCCURRED	21F. HOW DID INJU	JRY OCCUR?	
OF INJURY (APPROX.)	While At Not While At Work	· n		
22. I certify that (I) (this haspital) attend		11/1/00 1	071-1-	110 Men 122
that (I) (we) last saw the deceased alive	1/1/	19 22 and the	t in (my) (que) and	Idan death accurred an the date
and haur and fram the causes stated aba	'/		, , , , , , , , , , , , , , , , , , ,	nen ssem seconos en mo sen
23A. SIGNATURE	(1) (1) (1) (1) (1) (1) (1) (1)	Tow the body offer deaths.		238. DATE SIGNED
1 2 11 Dans	Alto Phys	Med. Director	Staff Phys.	14Mar 72
23C. PHYSICIAN'S NAME (Type)	7 - (	23D. ADDRESS		11-11-11-11-11-11-11-11-11-11-11-11-11-
	DEGREE			
24A. BURIAL CREMATION. 24B. DATE 24	C. NAME of CEMETERY OF CRE			ly, town, or county) (State)
Burial 3-17-72	Glen Naven Menor		den Burrie,	
25A. DATE REC'D BY HEALTH DEPT. 25B. NA	AAE OF REGISTRAR	25C. FUNERAL DIRECTOR	13	O East ADDRESS IVerme
MART D BYZ LESS E SEL	E. 160	La Well undera	Il Home Ba	Lto., 14. 21230
VS 1S0-REV. 1/1/68				



			BALTIA	AORE CIT	Y HEAI	TH DI	PARTA	IENT
14	79	02644	CFR	TIFIC	ATE	OF	DEA	TH

REG. N	10.	72	02	64	4
				-	_

BAR	1-5/4 72	02644 CERTIF	ICA	TE OF DEATH	REG. NO	7 U U U U Y Y	
	AME OF DECEASED KNEAVEL, J	AMES			12, 197	2   3:45 A	• M.
3.	PLACE IN BALTIMORE, MARYLAND, W	HERE PRONOUNCED DEAD		4. USUAL RESIDENCE (Where	deceased lived. If in	stitution: residence before odr	nission)
FU HC	LL NAME OF STATE OF LOCATILITIES OF LOCATILITI	AL OR INSTITUTION, GIVE STREE	et	MARYLAND C. CITY OR TOWN BALTIMORE	D. INSI	DE CITY LIMITS? YES NO NO	
. C	ST. AGNES HOSPI	TAL		E. STREET AND NUMBER 4037 WILKEN	S AVENUE		
5. 5		7- MARRIED NEVER MARRIE	ין בן טבּ		AGE (In years st bighday)	Il Under 1 Yr. Il Under Months Doys Hours	24 Hrs. Min.
	ALE CAUCASIAN	WIDOWED DIVORCE		11-01-00	03		
don	USUAL OCCUPATION (Give kind of work of during most of working life, even if refired)  ELDER	BETHLEHEM STEE		MARYLAND	country)	U. S. A.	ONTRY?
	FATHERO NAME			4. MOTHER'S MAIDEN NAME			
J	OHN KNEAVEL			AGNES XXIGXXX	XXXXX BUCZ	YNS KA	
15. (Ye:	Was Decoased Ever in U. S. Armed For s,no or unknown) (If yes, give war er date	16 SOCIAL SECURITY NO. 21307281	•	ST. AGNES HOSF	AVE.BALT	O; MD. ADDRESS 212 ORDS-CATON &	29
	(This does not mean the mode of heart failure, asthenia, etc. It means Injury or complication which caused  ANTECEDENT CAUSES DISEASES OR CONDITIONS, if tise to the above cause (A) UNDERLYING CONDITION fast.	the disease, death.)  (any, giving DUE/10,	OR AS A	CONSEQUENCE OF:	un Mmou uanc y.	KILLED	it).
CERTIFICATION	OTHER SIGNIFICANT CONDITIONS CO. TO THE DEATH BUT NOT RELATED TO TI DISEASE OR CONDITION GIVEN IN PAR 19A. DATE OF OPERATION 19B. CON WAS PERI	HE TERMINAL IT 1 (A). IDITION FOR WHICH OPERATION FORMED		20 A. AUTOPSY? (Yos or No) NO	20B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?	
AL CE	21A. A CCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examines)	21B PLACE OF INJUR home, farm, factory, st	Y (e.g., in freet, offi	or obout 21 C. WHERE DID co bidg. INJURY OCCUR?	(If In Boltimor	e City, give exact location)	
MEDIC	21D. TIME (Month) (Doy) (Year) OF INJURY (APPROX.)	While AI N	ED ol While t Work	21f. HOW DID INJUI	IT OCCUR?		
	22. I certify that (N) (this hospital that XIX (we) lost sow the decease and hour and from the causes state	ed alive on MARCH 12	2,	19 72 and that	In (%) (our) opin	nion deoth occurred on t	72 he dote
	23G. PHYSICIAN'S NAME (Type)	new MD DEGR	Atten Phys.	ding Med. SI			
24	EDUARDO ROMERO,  A. BURIAL CREMATION, 248, DATE REMOVAL (Specify)	24C. NAME of CEMETERY	or CRE			KENS & CATON	(Stote)
	Burial 3-15-19	972 Moreland Mem	oria	1 Park Cem. Ba	ltimore, Ma	aryland	
25	MAR 1 6 1972 Cagas	258 NAME OF REGISTRAR	0 0	Howard H. Hubb	ard, 4107	Wilkens Ave. 2	1229
VS	150-REV. 1/1/68			J	1	1	Hon

26:2 2212 24 PER DER H. SELF 11-1-1 21307217 ST. J. ELT. W. 47131 21307217 ST. J. ELL. TS. LW. C. T. C. T. G. T. G

THE PERSON OF TH

The state of	
s assistant if death occurred in a hospital and if the direct or contributing cause of death any kind; (4) Undetermined cause; (5) Deceased ced death was in regular attendance on the ndance on the deceased prior to death. Such argund distriction is made.	
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approved must be obtained before the remains are embalmed or final disposition is made.	
bod bod ws:	2
the sho was	

2 = 20		HEALTH DEPARTMENT		72 02645
10-300 72 02645	CERTIFICA	TE OF DEATH	REG. NO	12 02043
1. NAME OF DECEASED (Type or Print) William Bode		3/	D HOUR OF DEATH	8=30 Ax
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOU	NCED DEAD	A. STATE B. COUN	e deceased lived. Il ins TY	titution: residence belate admission
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION)  INSTITUTION	TION, GIVE STREET	Maryland c. City or town	arford	6 200
LL UNION MEMORIAL	- HOSOITA	BALTIM		YES NO
THE WINDOW	- Mashille	E. STREET AND NUMBER		-allston Rd.
5. SEX 6. RACE 7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	If Under 1 Ye . If Under 24 Hrs.
M WIDOWED		05-24-10	lost birthdoy 61	Manths Days Haurs Min.
10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF done during most of working life, even if retired)	BUSINESS OR INDUSTRY	11. BIRTHPLACE (Slote or forei	gn country)	12. CITIZEN OF WHAT COUNTRY
D .		C		C
13. FATHER'S NAME		Germany 14. MOTHER'S MAIDEN NAA	AE	Germany
Frederick W. E	Bode,	CAPPLAN	A BLOOM	BLUM
15. Was Deceased Ever In U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dotes of service)	6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS Md. 21047
no	213-36-0069	Mr. Carl Bode	1201 Old Fa	llston Rd.Fallston
18. 209XI	CAUSE OF DEAT	H		APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY		1		BETWEEN ONSET AND DEATH
LEADING TO DEATH	(A) IMMEDIATE CAL	ise Myelofibros	515,	
heart faiture, asthenia, etc. It means the disease,	DUE TO, OR AS	A CONSEQUENCE OF:		
injury or complication which caused death.)				
ANTECEDENT CAUSES	(B) Dhe	4monia ;		
DISEASES OR CONDITIONS, if any, giving rise to the obove cause (A) stating the				
UNDERLYING CONDITION lost	(c) 30/e	nectomy.		
11				
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  19A-DATE OF OPERATION 19B CONDITION FOR W WAS PERFORMED  21A-ACCIDENT WAS UNDERLYING 1	***************************************			
19A-DATE OF OPERATION 19B CONDITION FOR W	HICH OPERATION	20A. AUTOPSY? (Yes or No)		NDINGS CONSIDERED
3/3/72 WAS PERFORMED FAIR			IN CERTIFYING CAU	SES OF DEATH?
2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	LACE OF INJURY (e.g., in form, foctory, street, of	or obout 21C. WHERE DID	(II In Boltimore	City, give exact location)
Q 21 D-TIME (Month) (Day) (Year) (Hour) (215. I	NJURY OCCURRED	216 HOW DID INJU	INV OCCUPY	
- IOL IMJOKI	At C Not While		iki occoki	
22. I certify that (I) (this hospital) ottended the	deceased from	3 2/9	9 7210 3/1	14 10 72
the (1) (we) lost sow the deceased olive on	3/14			on death occurred on the date
ond hour and from the causes stoted above	(Me)(414) (414 ===)		· · · · · · · · · · · · · · · · · · ·	on each occured on the date
		ien the body diter deoth.	Te.	23 R. DATE SIGNED
Tren-cla Pan-clair	Atte	nding Med. S	Shaff CDP	
23C. PHYSICIANS NAME (Type) TZEN-CHI FAN-C	DEGREE Phys	12D ADDRESS	thys &	3/14/72
NAME (Type) TZEN-CHI FAN-C	HIANG DEGREE	3D. ADDRESS 33RD A	ND CALVER	21218 ·
24A. BURIAL CREMATION, 24B. DATE 24C. NAME REMOVAL ISpecify)	ME OF CEMETERY OF CRE	MATORY 24D. LO	CATION (City,	town, or county) (State)
	Paul's Luth.	Ch. Cemetery Kin	dsville Bal	ltimore Ma ryland
PAR 16 1972 CASE E SAME OF		E L Lassahn	. Home.11750	Belair Rd 21087
VS 150-REV. 1/1/68	W. 64.		King	sville Md.

New Catheral

25B. NAME OF REGISTRAR

Cem.

Kelson F.H.

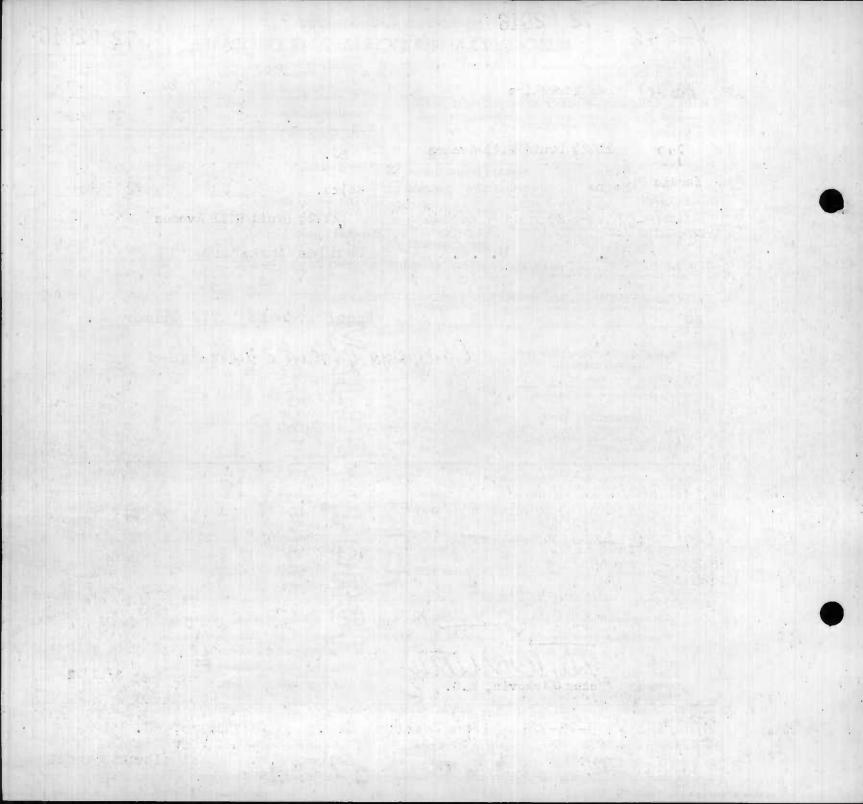
Baltimore, Md.

1348 Calhoun Street

25C. FUNERAL DIRECTORY . Balley ADDRESS

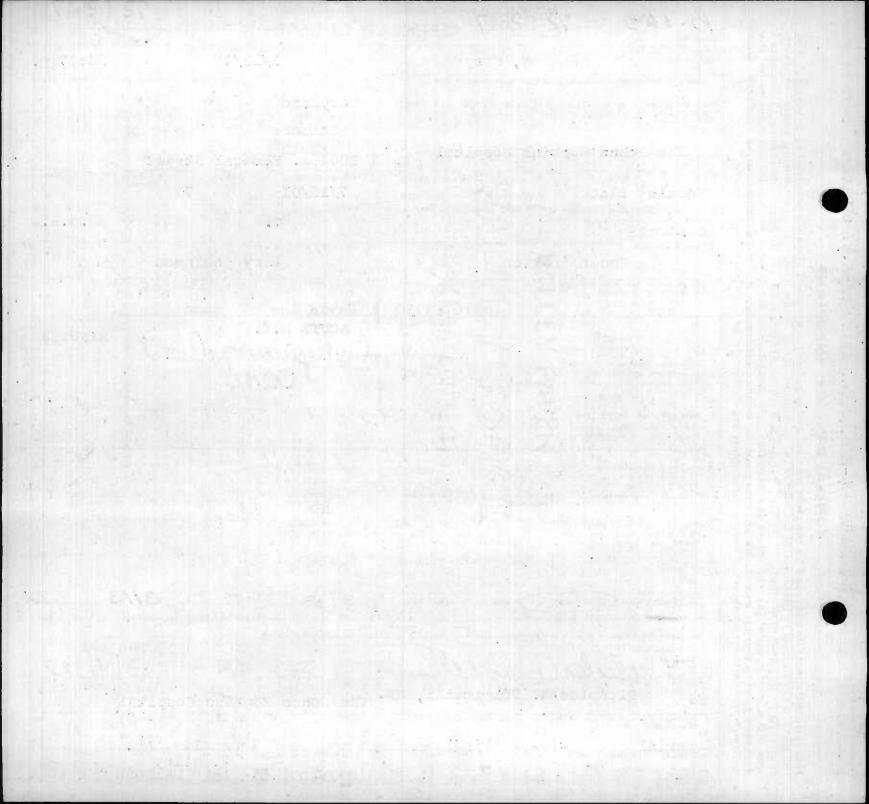
25A. DATE REC'D BY HEALTH DEPT.

3-15-72



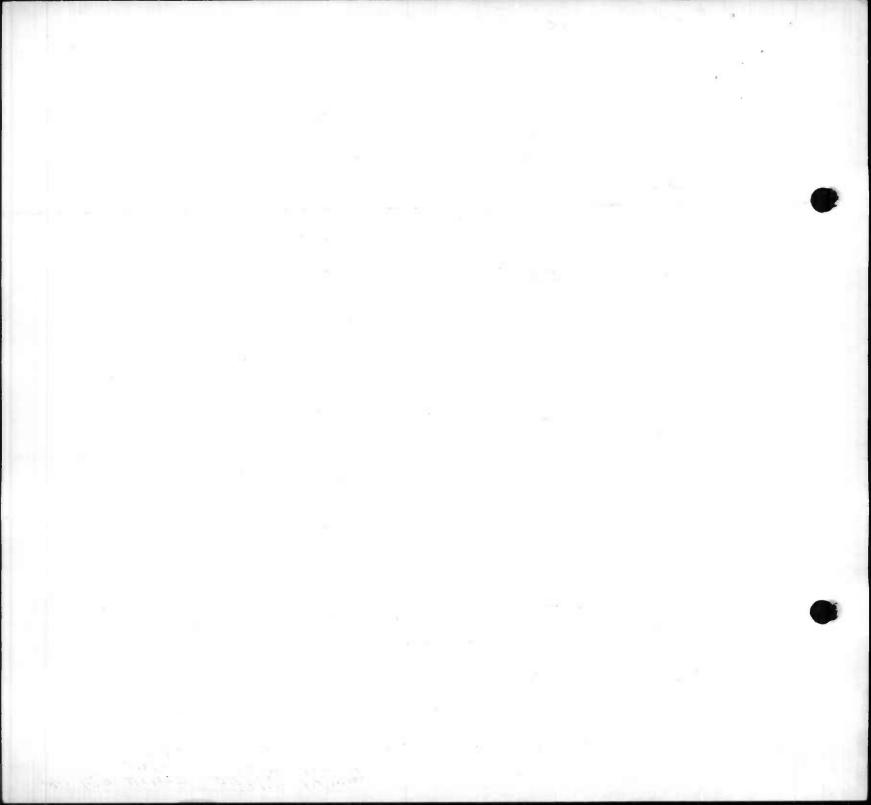
RELEASED NON-MED BY DR. SPITZ OF M.E. OFFICE	FUNERAL DIRECTOR: IMPORTANT	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.
		This certificative body was shows: (1) An ewas D.O.A. at deceased prio written appro

A BALTIMORE CIT	Y HEALTH DEPARTMENT 72 2647
15-623 72 02647 CERTIFICA	ATE OF DEATH
Type or Print)  BRAXTON, Mary	3/13/72 4:07 p. M.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission)  A. STATE  B. CDUNTY
FULL NAME OF (IF NDT IN HDSPITAL DR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)	Maryland 802
INSTITUTION	C. CITY OR TOWN  D. INSIDE CITY LIMITS?
33	Baltimore YES X NO
The Johns Hopkins Hospital	3004 E. Federal Street
5. SEX 6. RACE 7. MARRIED X NEVER MARRIED	B. DATE OF BIRTH  9. AGE (In years If Under 1 Yr. If Under 24 Hrs. Months; Days Hours; Min.
Female Black WIDOWED DIVORCED	7/15/01   100   70   100
10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY done during most of working life, even if retired) Seamtress	Va. Va. 11. BIRTHPLACE (Stote or foreign country) Va. 12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Oscar Braxton	Mary Robinson
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dates of service) 16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS
no 216183730	David Lee same
heart failure, asthenia, etc. It means the disease, injury ar camplication which coused deoth.)  ANTECEDENT CAUSES	ACUTE M.I.
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE DR CONDITION GIVEN IN PART 1 (A).	
19A. DATE OF OPERATION NAS PERFORMED  19A. ACCIDENT WAS UNDERLYING	NO 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
OR CONTRIBUTING CAUSE OF home, form, foctory, street,	in or about 21C. WHERE DID (If in Boltimore City, give exact location) office bldg., NJURY OCCUR?
DEATH (notily medical examiner)  21D.TIME (Month) (Day) (Year) (Hour)  OF INJURY  While At Not Wh	21F. HOW DID INJURY OCCUR?
22. I certify that (1) (this hospital) attended the deceased fram	3/13 1972 10 3//3 1972,
DE DO	A
that (1) (we) last saw the deceased alive an	11 19 and that in(my) ((aur) opinion death accurred on the date
and have and from the causes stated above. (1) (We) (did) (did not)	view the body after death.
Illian 10 MPULL SAGREE Ph	rending Med. Staff
NAME (TypNicholas A. Volpicelli, MD	The Johns Hopkins Hospital
24A. BURIAL CREMATION, REMOVAL (Specify) 24B. DATE 24C. NAME of CEMETERY OF CI	
Burial 3-17-72 Pinelawn Cer 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	metery Annapolis, Md. 25C. PUNERAL DIRECTOR V. ailey
VS 150-REV-17/68	Melson F.H. 1348 Calhoun Street



	3
ू अधिकेत	pproved by the chief medical examiner or his assistant if death occurred in a hospital and the hospital by a medical examiner. Also, if the direct or contributing cause of death any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased (except where the physician who pronounced death was in regular attendance on the sand (6) No physician was in regular attendance on the deceased prior to death; Such sobtained before the remains are embalmed or final disposition is made.
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FUNERAL DIRECTOR: IMPORTANT	iner actu pro pro pro mbo
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	ate n at at ior
	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.
	D.O.D.
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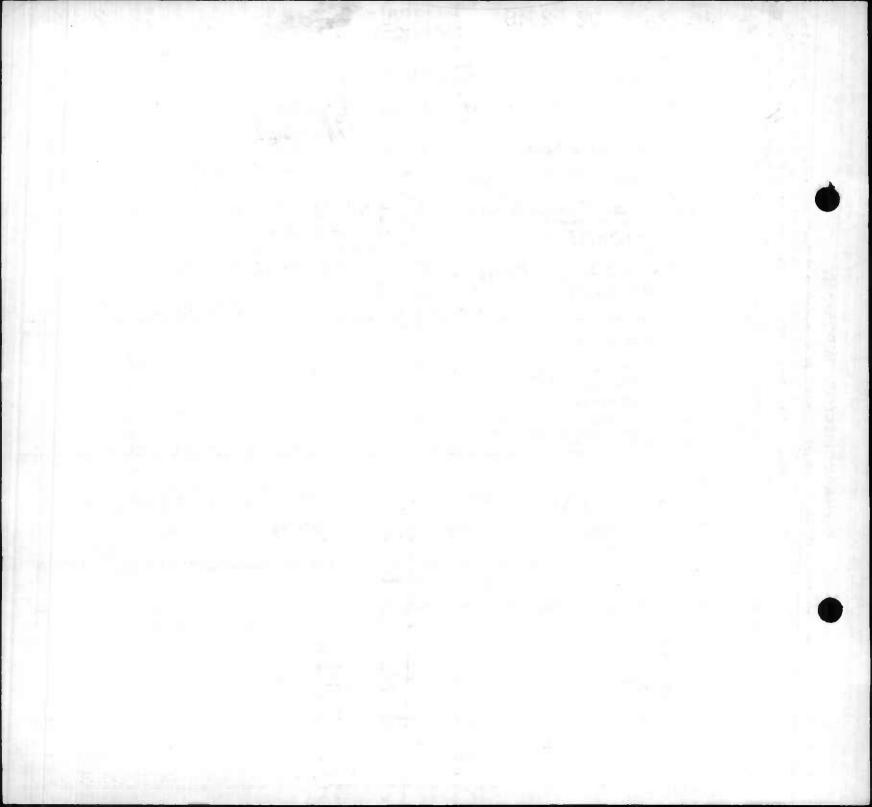
F-2/2	31)	72 02	0046	BALTIMORE CIT	HEALTH DEPAR	RTMENT			
BIRTH NO.		12 UK	840	CERTIFICA	TE OF DE	EATH	REG. NO	72	02648
(Type or Print)	CEASED	. 2				2. DATE AND	HOUR OF DEATH	10-1	-40
3. PLACE IN BA	LTIMORE, MARYL	AND, WHERE P	RONOUNCE	D DEAD	4. USUAL RESID	DENCE (Where	deceased lived, if	nstitution; resid	lence before odmission
FULL NAME OF					A. STATE	& COUNTY	λ .		1901
HOSPITAL OR	ADDRESS O	R LOCATION)	INSTITUTION	GIVE STREET	C. CITY OR TOW	NY LANG	10 101	SIDE CITY LIMIT	1001
	GOULI	CON	NALE	SARIUM	BA	FTIMO	0 -	E-70	, NO []
90	6116	BELAIR	Ro		E. STREET AND	NUMBER			3.0
	BALTO			21206	1913 0	N. FRI	ANKLIN	ST.	
5. SEX	6. RACE	7. MA	RRIED N	EVER MARRIED	8. DATE OF BIRT	H 9.	AGE (In years t birthday)	If Under 1	Y. If Under 24 Hrs Hours Min.
INA USUAL OCC	W		OWED	DIVORCED 🔀	DEC. 27	901	171		4
done during most of	working life, even if	telited)	ND OF BUSI	NESS OR INDUSTRY	11. BIRTHPLACE	State or foreign	country)	12. CITIZEN	OF WHAT COUNTR
H.	W			- 60	MA	RYLAN	٥	u.	S.A.
13. FATHER'S NA	ME				14. MOTHER'S N	MAIDEN NAME			
lat ERA	VEST N	IFAR	- 4		It F	412AB	ATU		
5. Was Deceased	Ever in U. S. Am	ned Forces?	16.5	OCIAL	17. INFORMANT			A	DDRESS
	in year give wor	or unies or ser	vices a mass	9-54-3108	GOULD		4LESARI		
18. // /	7-1/1		19/1	CAUSE OF DEAT	6//6	BEL	AIR K		PARCYLL ATE ALITERAL
7. /	SE OR CONDITIO	ON DIRECTLY		CAUSE OF BEAT					PPROXIMATE INTERVAL WEEN ONSET AND DEAT
	LEADING TO D	EATH			11.1-	-6.	1: 17	)	
(This does i	nof mean the ma	de of dying,	e.g.,	DUE TO, OR AS	A CONSEQUENCE	OF:	Transitud D	racone 1	year
injury ar can	nplication which	caused death.)	ease,	0					,
	ANTECEDENT C.	AUSES		-	1. 1	·			
DISEASES (	OR CONDITIONS	if any, c	niving	DUE TO, OR AS	A CONSEQUENCE	Unazzla	15.730		400
rise to the	e abave cause G CONDITION I	(A) slating	the						
ONDEREITA	G CONDITION IS	151.		(c)		***************************************	***********************		
OTHER SIGNIF	II. CANT CONDITION	IS CONTRIBUT	ING /	1	1.		^		
E IIO THE DEAT	H BUT NOT RELATE	D TO THE TERM	NAL C	moni Conger	Ti News 0	Jacker . C	Hel Stuck	- 14	lon
U 119A DATE OF	OPERATION 198	CONDITION	FOR WHICH	OPERATION	20A. AUTOPSY	(Yes or No) 2	OR, IF YES, WERE	FINDINGS CO.	NSIDERED
	w,	AS PERFORMED				1	N CERTIFYING CA	USES OF DEA	TH?
OR CONTRIN	NT WAS UNDERLY	ING	21B. PLAC	E OF INJURY (e.g., in	or obout 21 C. WH	ERE DID	(If In Boltimor	e Cily, give ex	oct focation)
DEATH (notify	medical examined	, ,	etc.)	n, factory, street, af	ice bidg., INJURY	OCCUR?			
21D. TIME	(Month) (Doy)	(Yeor) (Hour)	21E INJU	RY OCCURRED	21 F. HO	W DID INJUR	OCCUR		
OF INJURY			While At	Not White					
22 1	1 . (1) (.1)		Work	- Al IVOIR	/	/	<del>}</del>	/	1.1.
	that (1) (this ho			eosed from	10/	7/19 :	to	3/	11/19/2
	last saw the de				10/19/2	and that !	n(my) (cess-) opi	nlan death o	ccurred an the date
and hour and	from the cause	s stated aba	ve. (I) (We)	(did) ( <del>did not)</del> vi	ew the bady oft	er death.			
23A. SIGNATU	RE - A	6 .			. /		17	238, DATE SI	GNED
allen	5 13 1	hadley		DEGREE Phys.	iding Med	Stal	<b>.</b> .	3/12	1/22
23C. PHYSICIA NAME (T	N'S ypel	- 8			3D. ADDRESS			1 / / -	1-
ALBI	ERT B.	BRADL	EV	Mp	4900 BA	ZLAIR R.	Ray	160 1 10 -11	21221 M.
REMOVAL (S	MATION, 248. DA		C. NAME .	CEMETERY OF CRE	MATORY		TION (Ci	ly, lown or con	unity) (Stotel
SREMATI		3/72	Loux	ON PAR	H	-13		101	1010101
SA. DATE REC'D		25B. NA	ME OF REG	1 - 177		DIRECTOR	LL10. 1	10	Annesss
MAR 16 19		E Ball		0 0 0	25C. FUNERAL	REGULT	7 1-1/N,	HINE	c. Ty My
/S 150-REV. 1/1/6				-	WARK!	4/17	116 6	act all	414 140



the chief medical

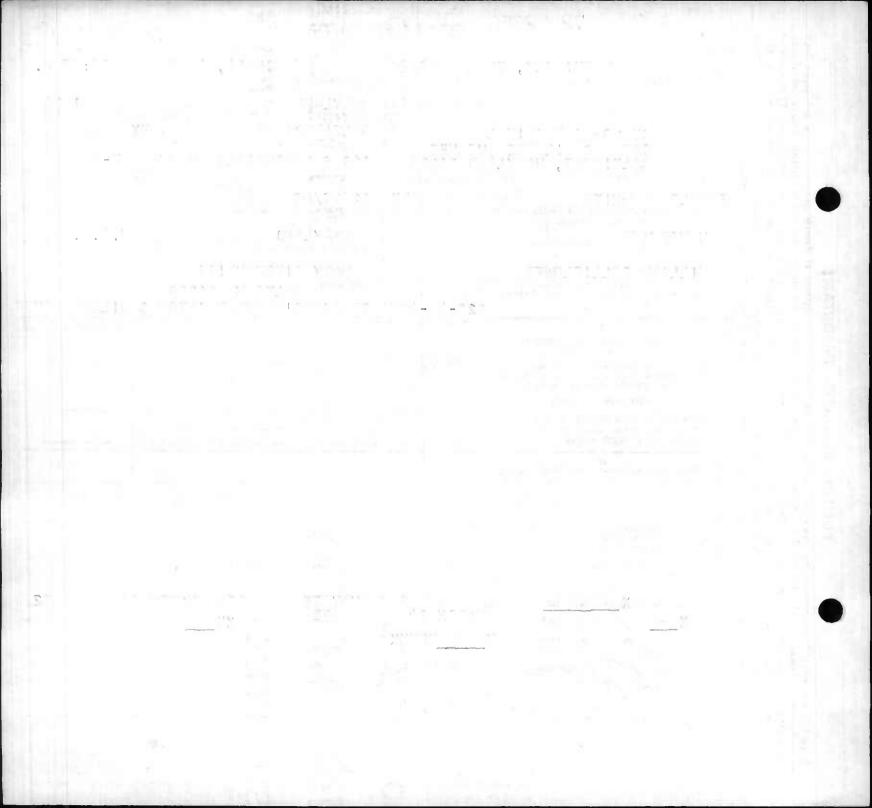
72 02649 BALTIMORE CITY HEA 72 02649 CERTIFICATE OF DEAL (4) Undetermined cause; (5) Deceased was in regular attendance the deceased BIRTH NO. 1. NAME OF DECEASED BANEREIS 4. USUAL RESIDENCE IWhere deceased lived. If institution: residence A. STATE

B. COUNTY 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) D. INSIDE CITY LIMITS? NO N YES ... UNION MENORIAL POPLAR mad 5. SEX 6. RACE 7. MARRIED X NEVER MARRIED 9. AGE (In years If Under 1 Yr. If Under Months Days Hours If Under 24 Hrs. last birthday WIDOWED DIVORCED T disposition is 10A USUAL OCCUPATION Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if refired) AMERICAN GERHANY FLORIST 14. MOTHER'S MAIDEN NAME 13 FATHER'S NAME BAUFREIS MARGA RET HUEF MICHAFL death 00 15. Was Deceased Ever in U. S. Armed Forces 7. INFORMANT ADDRESS or final (Yes, no or unknown) (If yes, give war or doles of service) SECURITY NO. attendance BAUEREIS 217-32-8883 fracture of any pronounced CAUSE OF DEATH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY embaimed LEADING TO DEATH (This does not mean the made at dying, e.g., heart failure, asthenia, etc. It means the disease, DUE TO, OR AS A CONSEQUENCE OF regular injury or camplication which caused death.) MYO CARDIAL IN FARCTON who ANTECEDENT CAUSES DUE TO, OR AS A CONSEQUENCE OF: DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the physician before the remains UNDERLYING CONDITION last CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING No physician TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 19A. DATE OF OPERATION 119B. CONDITION FOR WHICH OPERATION (except where the WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 218. PLACE OF INJURY le.g., in or about 21 C. WHERE DID home, form, factory, street, office bldg., INJURY OCCUR? (Il In Baltimore City, give exact lacotion) to the hospital MEDICAL DEATH (notify medical exemined any nature; obtained OF INJURY 9 (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? While At Not While p (APPROX.) and Work At Work 22. I certify that (1) (this hospital) attended the deceased from death); that (1) (we) last saw the deceased olive an. 99 ond that in(my) (aur) opinion death accurred an the date An accident of hospital the body was released and haur and from the causes stated above. (i) (We) (did) (did not) view the body after deoth. must 23A. SIGNATURE 238, DATE SIGNED Attending | Med. 0 approval 8 23C.PHYSICIAMS NAME (Type) prior 23D. ADDRESS to D.O.A. shows: (1) 24A. BURIAL CREMATION, REMOVAL (Specify) deceased 248 DATE 24C. NAME of CEMETERY of CREMATORY City, town, or county! (State) 3/17/72 Burial Woodlawn Cemetery 25A. DATE REC'D BY HEALTH DEPT. Baltimore, Maryland Was Vitzke, 1630 Edmondson Avenue ADDRESS 21228 VS 150-REV. 1/1/68



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

in = =n min cointai B.	ALTIMORE CITY	HEALTH DEPARTMENT		
M-352 72 02650 c	ERTIFICA	TE OF DEATH	REG. NO.	72 (2650
BRTH NO.		2. DATE A	AND HOUR OF DEATH	12 0000
(Type or Print) MATTINGLY, THE LM	A AGNES	MARC	H 14, 1972	10:00 P.M.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED I		4. USUAL RESIDENCE IWI		itutions residence before admission)
FULL NAME OF HOSPITAL OR INSTITUTION, CADDRESS OR LOGATION	CIVE STREET	MARYLAND	2	86 7 21229
иопитпамі		BALT I MORE		E CITY LIMITS?
40 ST AGNES HOSPITAL CATON & WILKENS AVEN	HEC	E. STREET AND NUMBER		YESXX NO .
BALTIMORE, MARYLAND	21229	103 S BEECH	HFIELD AVENU	JE APT-A
5. SEX 6. RACE 7. MARRIED NEV	ER MARRIED	S. DATE OF BIRTH	9, AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs. Months! Doys Hours Min.
EMALE MHILE MIDOMED	DIVORCED	12/25/05	66	
10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINE done during most of working life, even if refired)	SS OR INDUSTRY	11. BIRTHPLACE (Stole or fo	teigh country)	12. CITIZEN OF WHAT COUNTRY?
HOUSEWIFE		MARYLAND		U.S.A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN N.	AME	
WILLIAM COLLIFLOWER	***		ZMA UR I C E	2239DDA
	URITY NO.	17. INFORMANT BALT		
	-	ST AGNES 'RE	ECORDS CATOR	APPROXIMATE INTERVAL
175.0	AUSE OF DEATH			BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		· Boshijato	24 Failure	
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. it means the disease,	DUE TO, OR AS	CONSEQUENCE OF:	ry failure	- 0
injury or complication which caused death.)	rueta	stosis from	a abdonne	ial
ANTECEDENT CAUSES	(B) tx	ine ?		
DISEASES OR CONDITIONS, If any, giving	DUE TO, OR AS	A CONSEQUENCE OF:		
The second secon	(c)			
_ 11				
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).				
	O PERATION .	20A AUTOPSYT (Yes or	No. 208, IF YES, WERE PI	NDINGS CONSIDERED
21A. ACCIDENT WAS UNDERLYING 1		NO		SES OF DEATH?
OR CONTRIBUTING CAUSE OF home, form,	OF INJURY (e.g., in factory, street, of	or about 21 C. WHERE DID	(Il In Boltimore	City, give exoct location)
DEATH (notify medical examined etc.)				
White At	OCCURRED Not While	21F. HOW DID II	NJURT OCCUR	
Work L	Al Work		70 2/497	
22. I certify that XI) (this hospital) attended the dece	CH 14	77	_19_72_to_MAR(	Salaharaharaharaharaharah
THOU AT THE DECEMBER OF THE OIL				ion death accurred on the date
and haur and from the causes stated above. ()( (We) (23A, SIGNATURE)	(dld) XdXdXnX(tX v	lew the body after death		23B, DATE SIGNED
6 h men s	ALD. AHO	nding Med.	Staff Phys.	
23C-PHYSICIAN'S	DEGREE Phys	Director L.J.	Phys. L	
23 C. PHYSICIAN'S NAME (Type) AUG DOWN	an Aud			
24A- BURIAL CREMATION, 24B. DATE 24C. NAME of	CEMETERY OF CRE	MATORY 24D.	LOCATION (City	r, town, or county) (State)
Burial 3/18/72 Lorrai	ine Park (	emeterv Ba	ltimore, Mary	land
25A. DATE REC'D BY HEALTH DEPT. 25R. NAME OF REGIS		25CHUNERAL DIRECT	914	ADDRESS
MAR 1 6 1972 P. S. S. S. Ja Re. M.	- 60	Witzke, 163	6 Edmondson A	venue, 21228
VS 150-REV. 1/1/68	<b></b>			



1 1/6 3 79 NOCEA					
BIRTH NO. CERTIFICA	TE OF DEATH REG. NO. 72 02651				
T. NAME OF DECEASED (Type or Print) SHEWBRIDGE, WILLIAM M	MARCH 18 1972 7:20AM M.				
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD  FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) INSTITUTION	4. USUAL RESIDENCE (Where deceosed lived, If institution; residence before odmission) A, STATE B, COUNTY  MARYLAND BALTIMORE C. CITY OR TOWN D. INSIDE CITY LIMITS?				
HO WILKENS & CATON AVE. BALTIMORE MARYLAND 21229	BALTIMORE YES NO K  E. STREET AND NUMBER  900 VANDERWOOD RD BALTO MD 21228				
5. SEX 6. RACE 7. MARRIED NEVER MARRIED  MALE CAUCAS AN WIDOWED DIVORCED DIVORCED DIVORCED	8. DATE OF BIRTH 9. AGE (In years lost birthdoy) 9. AGE (In years Months; Days Hours Min, Months; Days Hours Min,				
RETIRED STEWARD RACING	11. BIRTHPLACE (Stole or foreign country)  MARYLAND  12. CITIZEN OF WHAT COUNTRY?  UNITED STATES				
WILLIAM SHEWBRIDGE	ANN (?) Kraus				
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no arunknown) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO. 218015039	17. INFWTERENS & CATON AVE. ADDRESS ST AGNES HSP. RECORDS				
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (A) IMMEDIATE CAL	undial infarction BETWEEN ONSET AND DEATH				
(This daes nat meon the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which coused death.)  ANTECEDENT CAUSES  (D)  ORAS A CONSEQUENCE OF:  ORAC ONSEQUENCE OF:					
DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS rise to the obave cause (A) stating the UNDERLYING CONDITION tast. (C)	A CONSEQUENCE OF:				
TO THE DEATH BUT NOT RELATED TO THE TERMINAL  DISEASE OR CONDITION GIVEN IN PART 1 (A).					
WAS PERFORMED namacy protected	20A. AUTOPSY? (1/8 of No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?				
OR CONTRIBUTING CAUSE OF home, form foctory, street, or the form foctory, street, or etc.)	ffice bldg., INJURY OCCUR?				
OF INJURY (APPROX.) While A! Not Whi At Work At Work	<u></u>				
22. I certify that XI) (this haspital) attended the deceased from MARCH 1 1972 to MARCH 14 1972, that XI) (we) last saw the deceased alive an MARCH 14 1972 and that in XI) (aur) apinion death accurred an the date					
23A. SIGNATURE  AHM	anding Med. Staff M				
DEGREE Phy	23D. Address St. Agnes Hospital				
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CR burial 3/17/72 Cedar Hill	Glen Burnie, Md. (State)				
MAR 1 6 1972 Page & Jake of registrar vs 150-rev, 1/1/68	25c. FUNERAL DIRECTOR ADDRESS  WHITZER, 41630 Edmondson Avenue 21228				
	INAME OF DECEASED (Type of Print)  SHEWBRIDGE, WILLIAM M  3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD  FULL NAME OF ADDRESS OR LOCATION)  ST. AGNES HOSPITAL  WILKENS & CATON AVE.  BALTIMORE MARYLAND 21229  5. SEX  O. RACE  TO MARRIED TO DIVORCED  TO LITE OF OPERATOR  OR CONTRIBUTION  DISEASE OR CONDITIONS, if only, giving rise to the obove cause (A) stating the UNDERLYING CONDITION ISL.  DISEASES OR CONDITIONS, if only, giving rise to the obove cause (A) stating the UNDERLYING CONDITION GIVEN IN PART I (A)  DISEASE OR CONDITION OF HE TERMINAL DISEASE OR CONDITION OF HE TERMINAL DUE TO, OR AS TO THE PRINT OF THE PART I (A)  OR CONTRIBUTING CONDITION SCONTRIBUTING OR CONTRIBUTING OR CONTRIBUTION OR C				

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RETIRED STEWARD W. RACINE .....

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MALTIMORE

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was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased

N	BALTIMORE CITY	HEALTH DEPARTMENT	7	2 (2652
D-250 72 02652	CERTIFICA	TE OF DEATH	REG. NO.	- c005
1. NAME OF DECEASED (Type or Print)		2. DATE AND	HOUR OF DEATH	
3. PLACE IN BALTIMORE MARYLAND, WHERE PRONOUNCE	D DEAD	4. USUAL RESIDENCE (Where	10-72 deceosed lived. If institution	7:45 P. M. residence before admission)
		A. STATE 8. COUNTY		907
FULL NAME OF   (IF NOT IN HOSPITAL OR INSTITUTION ADDRESS OR LOCATION)	, GIVE STREET	C. CITY OR TOWN	D. INSIDE CIT	Y LIMITS?
THE JOHNS HOPKINS HOSPITAL		BALTIMORE	YES	NO 🗌
S BALTIMORE, MD 21205		E. STREET AND NUMBER		
S. SEX 6. RACE 7. MARRIED N	EVER MARRIED		AGE (In years If U	nder 1 Yr. , II Under 24 Hrs.
MALE NEGRO WIDOWED	DIVORCED _	10-25-71	st birthdoy) Mont	hs Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSI done during most of working life, even if retired)	NESS OR INDUSTRY	11. BIRTHPLACE (State or foreign	country) 12.	CITIZEN OF WHAT COUNTRY!
		Baltemore	mel	USH
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAMI		
15. Was Decassed Ever in U. S. Armed Forces? 16. S	OCIAL	DEBORAH DI	XON	ADDRESS
	ECURITY NO.	10 a hara. Ou	· Dut	la
18.	CAUSE OF DEATH	Leouten	1 Myor	APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY				BETWEEN ONSET AND DEATH
LEADING TO DEATH (This does not meen the made of dying, e.g.,	(A) IMMEDIATE CAU			3 days
heart failure, asthenia, etc. It means the disease, injury or camplication which coused death,)	DUE 10, OR AS A	CONSEQUENCE OF:		
ANTECEDENT CAUSES	low	el obshucho	~	
DISEASES OR CONDITIONS, if any, giving	DUE TO, OR AS	A CONSEQUENCE OF:	******************************	
rise to the obove cause (A) stating the UNDERLYING CONDITION last.	(c) in/a	issusception	*	
z II		7		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL    DISEASE OR. CONDITION GIVEN IN PART 1 (A).				
DISEASE OR CONDITION GIVEN IN PART 1 (A).  19A. DATE OF OPERATION 19B. CONDITION FOR WHICH WAS PERFORMED	H OPERATION	20A. AUTOPSY (Yes) No	20B. IF YES, WERE FINDIN	IGS CONSIDERED
in fussing	plun	YES		
OR CONTRIBUTING CAUSE OF home, for	m, loctory, street, of	ice bldg. INJURY OCCUR?	(II in Boltimore City,	give exoct locotion)
U	JRY OCCURRED	21F. HOW DID INJU	RY OCCUR?	
21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJU  (APPROX.) While At Work	Not While			
22. I certify that (I) (this hospital) attended the de		79 19	720 3/1	0 19.72
that (1) (we) lost saw the deceased alive on		19 72 and that	in (my) (aur) opinion o	leath occurred on the dote
ond hour and from the couses stated above. (1) (We	1			
23A. SIGNATURE	Atte	nding Med. S	23 B. I	DATE SIGNED
23C. PHYSICIAN'S	DEGREE Phys	Director P	hys.	110/12
NAME (Type)	.D.		PKINS HOSPITAI	
24A. BURIAL CREMATION, 24B. DATE 24C, NAME	DEGREE of CEMETERY OF CRE			rn, or county) (Stotel)
Bruss & 3-14-22 / Ash	Jun (1)	et /n	Within	Mex
25A. DATE REC'D BY HEALTH DEPT. 25B, NAME OF RE	GISTRAR	25C FUNERAL DIRECTOR	NAVNI U	ADDRESS
MART 6 THE COLE & COLE	ALD.	EMULIBO	n/000/21	antoy like
VS 150-REV. 1/1/68				/

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	1	BAI	TIMORE CITY	HEALTH DEPARTMENT		ma 0.0052	
	BIR	72 02653 CE	RTIFICA	TE OF DEATH	REG. NO.	72 02653	
	1. N	IAME OF DECEASED			HOUR OF DEATH		
		PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DE	AD	3/	11/72	2 30	PM.
				A. STATE B. COUNT	Y Coccessed lived. If in	stitution: residence belore odmis	sion)
	HO	LL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE ADDRESS OR LOCATION)	/E STREET	c. CITY OR TOWN	Sayatog a	IDE CITY LIMITS?	
20	1	Leorge washington Nursing Hom	P	mD		YES NO	
	1	607 Pennsylvania Ave		E. STREET AND NUMBER	- Panak	10	
DB E	5. S	EV V BACE	MARRIED		AGE (In years	II Under 1 Yr. , II Under 24	Hrs.
E SI	7	Pemale Black WIDOWED DID	IVORCED [	3_15-1877	ost birthdoyl	Months Doys Hours Mi	n.
		USUAL OCCUPATION (Give kind of wark 108, KIND OF BUSINESS eduring most of working life, even if refired)	OR INDUSTRY	11. BIRTHPLACE (State or foreign	n country)	12. CITIZEN OF WHAT COUP	NTRY?
sitie	13.1	EATHER'S NAME		mD		118/4	
sposition	.00.1	I/I		14. MOTHER'S MAIDEN NAM	E		
9	15. V	Was Deceased Ever in U. S. Armed Forces?   16. SOCIA	L	Unknown		ADDRESS	
fina	(Tes,	no or unknown! [If yes, give wor ar doles of service! SECUA	NO.	chart D	nth)111	1000	
0-		18. 2. 50. 9 1 CAU	ISE OF DEATH	HYPORTEN	514 =	APPROXIMATE INTERV	
Pe		DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		CARDIAC	DISTAI	BETWEEN ONSET AND D	FAIH
E		(This does not mean the made of duing a - (A).	MMEDIATE CAUS	CONSEQUENCE OF:	0030113	7 211	
Q E		injury or camplication which coused death.)	1) 99-	OFFER M	SULT	) ( 1/ 174)	28
0		ANTECEDENT CAUSES  DISEASES OR CONDITIONS, il any, giving (B).	A) 1817	A CONSEQUENCE OF:	000.10	1 / FNI	
20 2		TINDER VINC CONDITION I		CONSEQUENCE OF:			
ain	-	ONDERLING CONDITION last. (C).	***************************************				
remains		OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL					
the	4	DISEASE OR CONDITION GIVEN IN PART 1 (A).	RATION	20A. AUTOPSY? (Yes or No)	208. IF YES WERE E	FINDINGS CONSIDERED	
	E	WAS PERFORMED			IN CERTIFYING CAL	USES OF DEATH?	
before	0	OK CONTRIBUTING I CAUSE OF   home, form, for	INJURY (e.g., in story, street, affi	or about 21 C. WHERE DID	(If in Boltimare	e City, give exact location)	
	O I	DEATH (notify medical examined etc.)  21 D. TIME (Month) (Day) IYear) (Hour) 21 E. INJURY O	CCHERED	215 HOW BID MILL			
tained	3	OF INJURY (APPROX) While At	Not While	21F. HOW DID INJUI	RY OCCUR?		
obta		22. 1 certify that (1) (this hospital) ottended the decease	At Work	THECH 3- 19	7210 MT	tech 11 197	7
pe o	1	that (1) (we) lost saw the deceased alive an MARC	# 9-	2 2		nion death accurred on the	dote
		ond have and from the couses stated abave. (We) (dic		ew the body after deoth.			
THE STATE OF	2	23A. SIGNATURE Jysu MI)	Atten	ding ☑ Med. ☐ St	-# [	23B. DATE SIGNED 72	
N 0	:	23C. PHYSICIAN'S	DEGREE Phys.	Director Ph	rys.		
approval must		Dr. Richard F. Tyson,		930 W.		enue	
	24A.	BURIAL CREMATION, 248. DATE 24C. NAME of CEN	DECREE	Baltimore, Ma		21217 y. Igwn, or county)	e)
Written	1	June 3-16 12 Out (1	thous!	But 1	a Green	by me	1
WFI	25A.	MAD 4 6 1072 (258, NAME OF REGISTRA	W 0/0	260 FUNERAL DIRECTOR	0.1	ADDRESS	_
	VS 1	MAR 16 1972 (GGG) E. Jale, R.D.		KITULSON/	of Olde	rthe pl	

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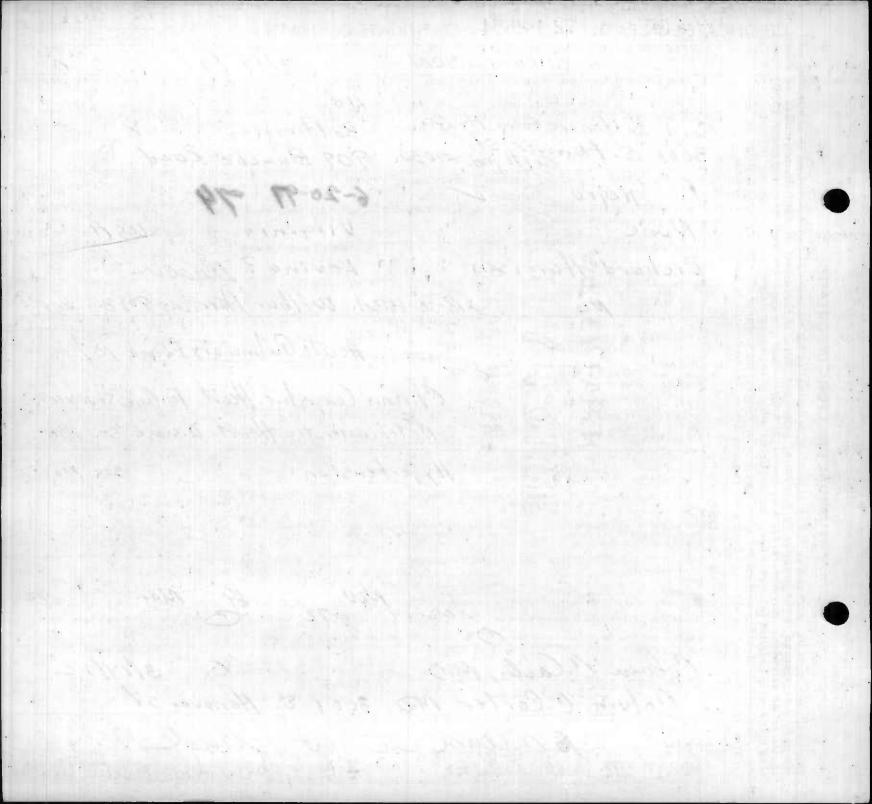
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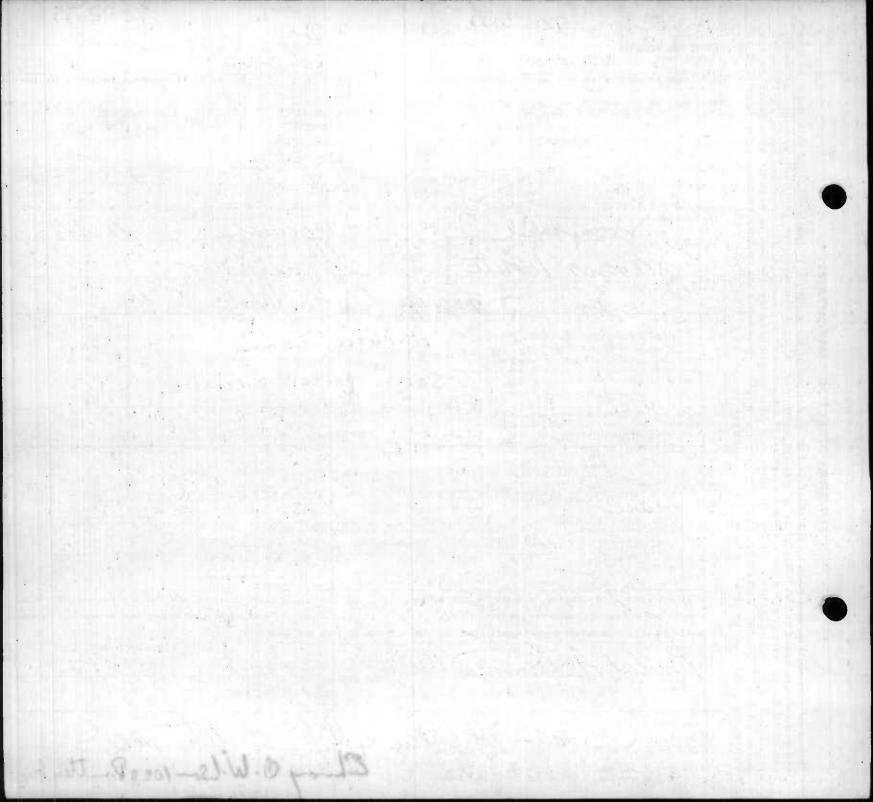
was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased

	BALTIMORE CITY	HEALTH DEPARTMENT		72 02654
H-625 72 02654	CERTIFICA	TE OF DEATH	REG. NO.	~ 0.0004
Type of Print JULIA B. HARR	ISON	2. DATE AN	D HOUR OF DEATH	1000 M.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUN	CED DEAO	4. USUAL RESIDENCE (When		ution: residence defore admission)
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION ADDRESS OR LOCATION)		Md.		2562
institution Baltimore Gen. 1.	to50-	Be / timer		CITY LIMITS?
3001 S. Flanover, St	1. 21230	E. STREET AND NUMBER	he Road	1
5. SEX 6. RACE 7. MARRIED WIDOWED 2	NEVER MARRIED DIVORCED		9. AGE (In years   I	f Under 1 Yr. If Under 24 Hrs. Nonths Doys Hours Min.
10A. USUAL OCCUPATION Give kind of work 10B. KIND OF BI	USINESS OR INDUSTRY	11. BIRTHPLACE (State or forei		2. CITIZEN OF WHAT COUNTRY?
None		Virgini	`	USA
13. FATHER'S NAME  Richard Harrison		14. MOTHER'S MAIDEN NAM	? man	
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no a) unknown)(If yes, give war of dotes of service)	6. SOCIAL SECURITY NO.	17. INFORMANT	11 cero	ADDRESS
	318-30-681	BA Wilbur	Harrison	809 Bunche Rt
18. 4/2./1	CAUSE OF DEATI		,	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		SE Acute Pula	nonary Ede	18 hrs.
(This does not maon the made al dying, e.g., hearf lailure, asthenia, etc. It means the disease,	(A) IMMEDIATE CAU	A CONSEQUENCE OF:	7.200	707,70
injury at camplication which caused death.)	16.	: 1.	11. + r.	
ANTECEDENT CAUSES	(B) (B)	( Consestine	Heart fail	uje Sev. years.
DISEASES OR CONDITIONS, if any, giving rise fa fhe above cause (A) slofing fhe UNDERLYING CONDITION last.	(c) Arter	iscleratic He	Part Disca	se sev- years
11	1/ 0	1		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL    DISEASE OR CONDITION GIVEN IN PART 1 (A).	Hypert	ension		Bed Years
U DISEASE OR CONDITION GIVEN IN PART 1 (A).  19A. DATE OF OPERATION 19B. CONDITION FOR WH WAS PERFORMED	ICH OPERATION	20 A. AUTOPSY? (Yes or No	208. IF YES, WERE FIN	DINGS CONSIDERED
OR CONTRIBUTING CAUSE OF home,  DEATH (notify medical examines)	ACE OF INJURY (e.g., i farm, factory, street, of	n or about 21 C. WHERE DID fice bldg., INJURY OCCUR?	(If in Boltimore C	City, give exact location)
W OF INTURY	NJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
(APPROX.) While	At Wark	·		
22. I certify that (I) (this haspital) attended the			1969 to Ma	19 72
that (I) (we) last saw the deceased alive an	Mariy	19 72 and th	at in (my) (aur) apinio	in death accurred an the date
and have and from the causes stated above.	We) (did) (did nat) v	iew the bady after death.		
23A. SIGNATURE	An Atte	nding Med.	Staff Phys.	B. DATE SIGNED
23C. PHYSICIAN'S	DEGREE Phy	Director L	Phys. A	3/17/12
23C. PHYSICIAN'S NAME (Type)	r Min	3001 5.	Hanover :	57
24A. BURIAL CREMATION, 24B. DATE 24C. NAN REMOVAL (Specify)	NE of CEMETERY OF CRI		OCATION (City,	tawn, or county) (State)
Burial BAN Con	res ( DI	- (bit	taune	Mex
25A, DATE REC'D BY HEALTH DEPT. 25B, NAME OF	REGISTRAR	25C FUNERAL DIRECTOR		ADDRESS
VS 150-REV, 1/1/68	, 160,	The truly so	· W, la	1000Bm lley blue



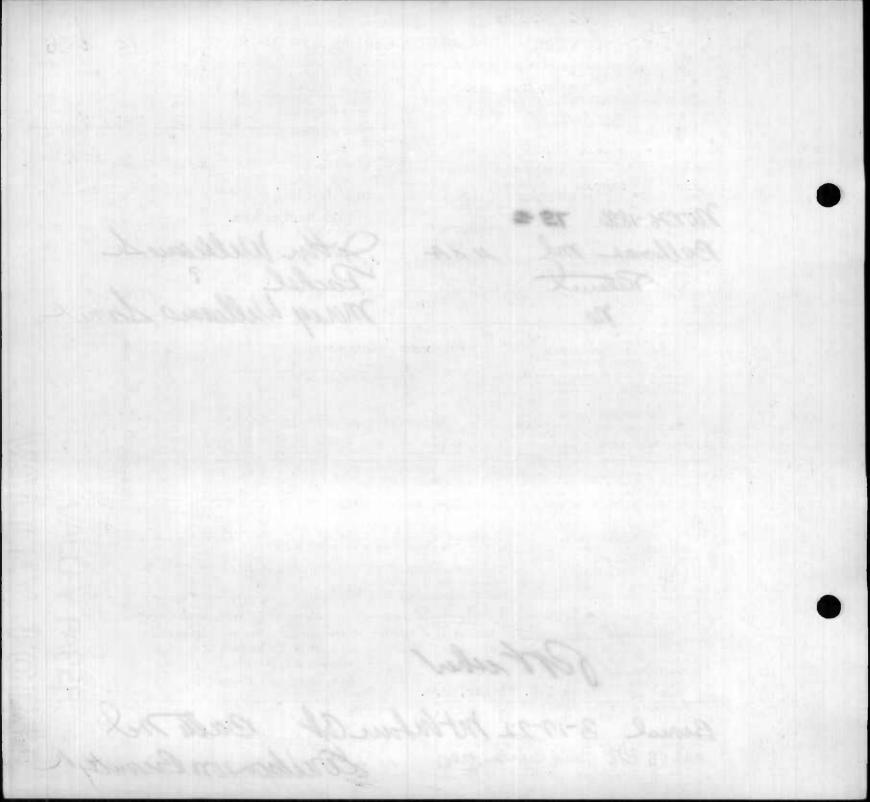
was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

0	BALTIMORE CITY	HEALTH DEPARTMENT		72 02655
R-553 72 026	CERTIFICA	TE OF DEATH	REG. NO	
(Type or Print) Ruth Raymond			HOUR OF DEATH	4:25 A M.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRON		A. STATE B. COUNT		nstitution: residence before admission
HOSPITAL OR ADDRESS OR LOCATION)	NONON, GIVE SINCE!	c.city or town Baltimore	D. INS	IDE CITY LIMITS?  YES TO NO TO
37 Mercy Hospital		E. STREET AND NUMBER		
5. SEX 6. RACE 7. MARRIEI N WIDOWE	D NEVER MARRIED DIVORCED		AGE (In yeors ost bishplay)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
done during most of working life, even if retired	OF BUSINESS OR INDUSTRY	11. BURTHPLACE (Stote or foreig	n country)	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	1	14. MOTHER'S MAIDEN NAM	Pouro	124.817
15. Was Decaused Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANI	1. L	ADDRESS
18.571,8 I	CAUSE OF DEATH	John Wa	ili	APPROXIMATE INTERVAL BETWEEN ONSET AND GEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	HEP.	Atic Coma		Days
(This does not mean the mode of dying, e.g. heart loilure, osthenio, etc. It meons the diseas injury or complication which caused deoth.)	Sever	1 1	irrhosis	Yrs
ANTECEDENT CAUSES	(B)	•		(
DISEASES OR CONDITIONS, if any, givin rise to the obove couse (A) stating the UNDERLYING CONDITION last.		A CONSEQUENCE OF:		
O THER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINA DISEASE OR CONDITION GIVEN IN PART 1 (A).				
DISEASE OR CONDITION GIVEN IN PART 1 (A).  194. DATE OF OPERATION 198. CONDITION FOR WAS PERFORMED	WHICH OPERATION	20A. AUTOPSY? (Yes or No)	208, IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED
OR CONTRIBUTING CAUSE OF  DEATH (notify medical examiner)	1B. PLACE OF INJURY (e.g., in ome, form, foctory, street, of tc.)		(If In Boltimo	re City, give exact location)
21 D. TIME (Month) (Doy) (Year) (Hour) 21	IE INJURY OCCURRED	21F. HOW DID INJU	IRY OCCUR?	
₹ (ARREOV)	While At Not While Nork At Work			
22. 1 certify that W (this haspital) attended	the deceased fram	19	9 ta M	AR 12 19 72,
that (1) (we) last saw the deceased alive an		19 72 and tha	t in (my) (por) api	
and haur and fram the causes stated above.	(1) (We) (did) (did not) v	iew the bady after death.		
23A. SIGNATURE	117	nding Med. 7	E1-11 -	23B. DATE SIGNED
23c. RHYSICIAN'S	DEGREE Phys	Director L	Staff Phys.	3/12/72
NAME (Type)		230. ADDRESS		
24A. BURIAL CREMATION, 24B. DATE 24C.	NAME OF CEMETERY OF CRE	MATORY 24D. LO	CATION	ity, town, or county) (Stote)
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME	OF REGISTRAR	25C FUNERAL DIRECTOR	Julio 1	ADDRESS
MAR 16 1972 Page AE 32	Ben M. A.	Ching O.	Wilson	1000 Poutley fre



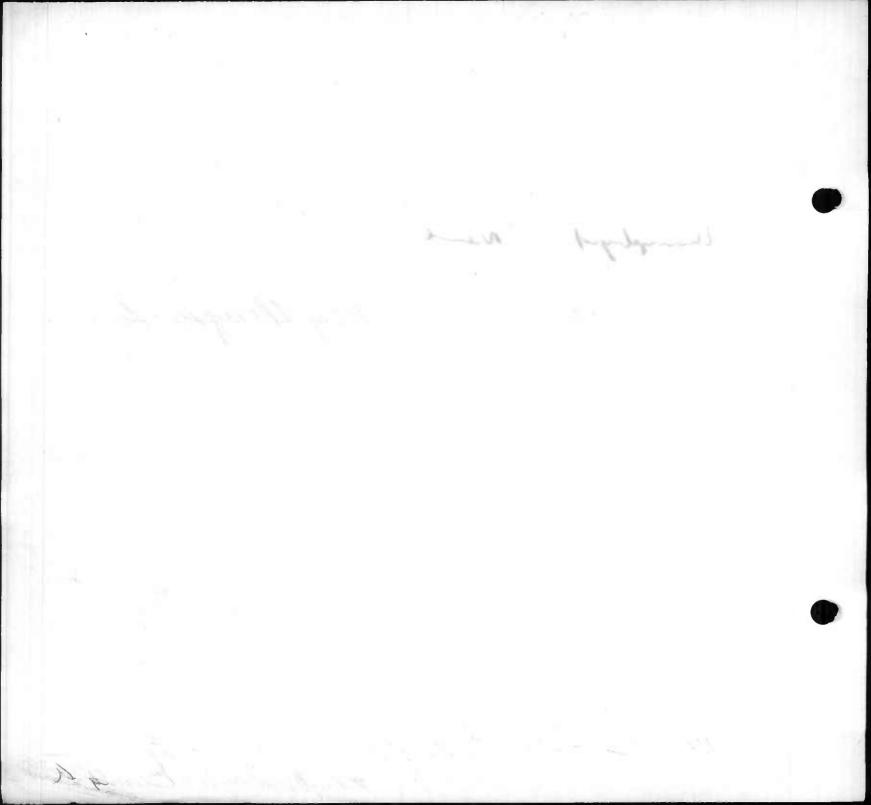
72 02656 BALTIMORE CITY HEALTH DEPARTMENT MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG NO BIRTH NO Known I. NAME OF DECEASED 2. DATE OF (Type or Print) Estimoted JOHN H. WILLIAMS DEATH 4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 3. DATE Month Doy Year Hour PRONOUNCED DEAD (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET FULL NAME OF 13 1972 12:15 pm. HOSPITAL ADDRESS OR LOCATION) OR INSTITUTION 5. USUAL RESIDENCE (Where deceosed lived. If institution; residence belore admission) B. COUNTY A. STATE 1025 Harlem Ave. Md. C. CITY OR TOWN 7. RACE D. INSIDE CITY LIMITS? 6. SEX B. MARRIED NEVER MARRIED YES X NO WIDOWED Balto. male negro DIVORCED E. STREET AND NUMBER 10. AGE (In years If Under 1 Yr. If Under 24 Hrs. DATE OF BIRTH lost birthday) Months | Doys | Hours | Min. 1025 Harlem Ave. 12. CITIZEN OF 13 FATHER'S NAME 1. BIRTHPLACE (State or loreign country) WHAT COUNTRY? 44.USUAL OCCUPATION (Give kind of work) 148. KIND OF BUSINESS OR INDUSTRY 15. MOTHER'S MAIDEN NAME one during most of working ileneven if retiredy 16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (II yes, give wor or dotes of service) 18. INFORMANT ADDRESS. SOCIAL SECURITY NO. CAUSE OF DEATH BETWEEN ONSET AND DEATH Pulmonary emphysema DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) IMMEDIATE CAUSE (This does not mean the mode of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF: heart failure, asthenia, etc. It means the disease, injury or complication which coused death.) **ANTECEDENT CAUSES** DUE TO, OR AS A CONSEQUENCE OF: DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)\_ ō OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A) ERTI 21. AUTOPSY? (Yes or No) 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WAS PERFORMED  $\overline{0}$ 22B. PLACE OF INJURY (e.g., in or obout 22C. WHERE DID (If in Boltimore City, give exoct location) ZZA. EXTERNAL CAUSE WAS home, form, foctory, street, office bldg., etc.) INJURY OCCUR? UNDERLYING OR CONTRIB-UTING CAUSE OF DEATH. (Year) (Hour) 22E.INJURY OCCURRED 22F. HOW DID INJURY OCCUR? 22D. TIME (Month) (Doy) OF INJURY WHILE AT NOT WHILE I (APPROX.) m. WORK AT WORK 23. I certify that I held on Inquiry Inspection X Autopsy ond that on this basis, death in my opinion resulted fram: Natural couses X Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER DATE SIGNED

ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATURE ASSOCIATE MEDICAL EXAMINER **EXAMINER'S** 3 - 13 - 72Russell S. Fisher, M.D. NAME (Type) 24C. NAME of CEMETERY or CREMATORY 24D. LOCATION (Stote) 24A. BURIAL CREMATION, 24B. DATE (City, town, or county), REMOVAL (Specify) 25B NAME OF REGISTRAR 25C. FUNERAL DIRECTOR **ADDRESS** 25A. DATE REC'D BY HEALTH DEPT. VS 151-REV. 1/1/6B



the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death). Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

	T-510 72 00	BALTIMORE CITY	HEALTH DEPARTMENT	m	0 (2657)							
	BIRTH NO.	657 CERTIFICA	TE OF DEATH	REG. NO.	2 02657							
	1. NAME OF DECEASED (Typo or Print) Thom PSO N	JOSEPH	2. DATE AP	ND HOUR OF DEATH	15:30 P							
	3. PLACE IN BALTIMORE, MARYLAND, WHERE P	- 0 - 0 /	4. USUAL RESIDENCE (Whe	re deceased lived. Il ion	stitution: residence before admission							
	FULL NAME OF HOSPITAL OR ADDRESS OR LOCATIONS	INSTITUTION, GIVE STREET	A. STATE OLD B. COUNTY									
	HOSPITAL OR ADDRESS OR LOCATIONS		C. CITY OR TOWN D. INSIDE CITY LIMITS?									
	5 Church Home +	Hostal	E. STREET AND NUMBER									
	,		1627 E. Pract St.									
li		RRIED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (in years lost birthday)	If Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.							
	10A. USUAL OCCUPATION (Give kind of work 10B, KIN	OWED DIVORCED DIVORCED DIVORCED	4/26/27	44	10.00							
	done during most of warking life, even if retired)	n/a e	11. BIRTHPLA CE (State or fareign country) 12. CITIZEN OF WHAT COUNTRY)									
l	3. FATHER'S MANUE	102	14. MOTHER'S MAIDEN NA	ME	u . J.							
1	breph Thomas	Son	Man.									
	5. Was Deceased Ever in U. S. Armed Forces? Yes, no or unknown) (If yes, give wor or dates of ser	1 6. SOCIAL	17. INFORMANT ADDRESS									
	m	SECURITY NO.	man 18	removed in	· la.							
	18.263.91+303	CAUSE OF DEATH	The way was	mysser	APPROXIMATE INTERVAL							
1	DISEASE OF CONDITION DIRECTLY LEADING TO DEATH	- 1	BETWEEN ONSET AND DEAT									
	(This does not mean the mode of dying e.g. (A)IMMEDIATE CAUSE											
	heart foilure, astherio, etc. It means the disease, injury or complication which coused death.)											
	ANTECEDENT CAUSES (B) Preumonis, Chimi + acute aleshos.											
	DISEASES OR CONDITIONS, if ony, grise to the obove couse (A) stoting	iving DUE TO, OR AS	A CONSEQUENCE OF:	1 -	likus							
	rise to the obove couse (A) stoting the UNDERLYING CONDITION lost. (C). Wernick Inceptolyting.											
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING											
	TO THE DEATH BUT NOT RELATED TO THE TERMS  IDISEASE OR CONDITION GIVEN IN PART 1 (A).	NAL										
	199A. DATE OF OPERATION   199R. CONDITION FOR WHICH OPERATION   200A. AUTOPSY? (Yes or No)   200B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?											
	21A. A COIDENT WAS UNDERLYING	218 PLACE OF INJURY (e.g., in	at about 21 C. WHERE DID									
	21A. A CCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	ice bldg. INJURY OCCUR?	(It in soltimore	City, give exoci locotion)								
Ш	21 D. TIME (Month) (Day) (York) (Mand	21E INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?								
	OF INJURY	While At Work At Work										
	22. I certify that (1) (this haspital) ottended the deceased fram 3-9- 1972 to 3-9- 1972											
	that (i) (we) last saw the deceased alive an											
	and haur and from the causes stated above. (i) (We) (did) (did not) view the body after death.											
	23A. SIGNATURE	44 D	ding Med.	and the second second	23B, DATE SIGNED							
l	23 C. PHYSICIAN'S	DEGREE Phys.	Director L	Staff Phys.	3/9/2							
	23C. PHYSICIANS NAME (Type) BEMMA P	2 TNOOCOS MA	Chur	al Am	1 things							
2		C. NAME of CEMETERY OF CREA	AATORY 24D. LO	CATION (City,	town, or county! (Stote)							
	Benna 3-14-97	Makey (	and /	alauni	I me							
2	MAD 4 C 1072 (258, NA	METOF REGISTRAR	25C. FUNERAL DIRECTOR	1 . 1 = 3	ADDRESS							
	S 150-REV. 1/1/68	Sen MD	Level Wide	you low L	Heurey							



BIF	4-626 ATH NO.		72 MED	026 ICAL	58 Ex	BALTIMORE CITY HE	ALTH DEPAI	RTMENT CATE OF	DEAT	TH REG. NO.	72	2 02658	
	NAME OF DEC	EASED					2. DATE	KnownXX	Month	Doy	Year	Hour	
(Ty	be or Print)	(	liver	т н	ark	er, Jr. Sr.	OF DEATH	Estimoted	3	10	72	М.	
4.	PLACE IN BAL					UNCED DEAD	3. DATE		Month	Dov	Yeor	Hour '	
HO	L NAME OF	TANG	TIN HOSPITA	LORINS	סודעזוז	N. GIVE STREET	LICITAL D	JNCED DEAD	3	10	72	11:00 a	
	31		to. Cit	у Но	spi	al 3-16-72	A. STATE Md		e deceosed	B. COUNTY	Baltim		
	SEX	7. RACE		8. MARE	RIED X	NEVER MARRIED	C. CITY OR TOWN Dundalk D. INSIDE CITY LIMITS?						
I	nale	White	5	WIDOV	VED [	DIVORCED .	Balto. YES NO NO						
9. [	DATE OF BIRT	i	10. AGE (In			der I Yr. If Under 24 Hrs.	E. STREET	ND NUMBER					
	Jan. 17.	1906	lost highdon	γ)	MOITIN	is boys i nours   Mill.	7	622 Cedar	Road				
11.	BIRTHPLACE (S	tole or foreig	in country)			TIZEN OF	13. FATHER						
	Mai	yland			W	HAT COUNTRY?		Philm	nore H	arker			
	USUAL OCCU	PATION (Give		148. KINI		USINESS OR INDUSTRY	15. MOTHE						
don	during most of v	orking life, ev	en ifretired)	Re	th.	Steel Co.	Ida Mae Carback						
16			U.S. ARMED			17. SOCIAL	18. INFORM	MANT Wife:	iae ca		DRESS		
(Ye	WAS DECEAS s, no or unknown	(If yes, give v	vor or dotes	of service	)	213-09-4398	Mrs. Helen M. Harker Dundalk, Md. 21222						
-	19.// / 2	2.4				CAUSE OF DEA		teu w. us	rker	Dundalk		PROXIMATE INTERVAL	
	DISEAS	E OR COND		CTLY		Arter	ioscler	otic card	iovas	cular dis	BETW	EEN ONSET AND DEATH	
	heort follure	ot meon the , osthenio, etc nplication which	. It meons the	diseose,		(A)IMMEDIATE O	AS A CONSEQ	UENCE OF:		*********************		the Beneralise district the 4th All of the the the All of the All	
	DISEASES O	ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE											
z	UNDERLYIN	IG CONDITI	ON LAST.			(c)							
CERTIFICATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).												
FR	20A. DATE OF	OPERATION	1 20B. CON	NOITION	FOR V	VHICH OPERATION WA	AS PERFORM	ED			21. AUTO	PSY? (Yes or No)	
	7,										у	es	
CAL	22A. EXTER	NAL CAUSE	WAS		22B. Pl	LACE OF INJURY (e.g.,	in or obout 2	2C. WHERE DID	(If in Soltim	ore City, give exoc	t locotion)		
MEDIC	UNDERLYING UTING CA	USE OF DEA	ATH.			form, foctory, street, office							
_	22D. TIME (Month) (Doy) (Yeor) (Hour) 22E, INJURY OCCURRED 22F. HOW DID INJURY OCCUR?  WHILE AT NOT WHILE  M. WORK AT NOT WHILE												
	23.				_		1.1.1.1						
	I cert	ify that I h	eld an l	nquiry [		Inspection Au	tapsy XX	and that an t	his basis	, death in my o	pinian		
	resul	red fram: N	aturol cau	ses ex	Ac	cident Suicid	le 🗌 Ho	micide 🔲	Undeterm	ined manner			
	ACTUAL		77	1/2	45	, 411	-	CHIEF MEDICAL	EXAMINER			DATE SIGNED	

24C. NAME of CEMETERY or CREMATORY

2 Holly Hill Mem. Gardens
258. NAME OF REGISTRAR
25C. FUNERAL

ASSISTANT MEDICAL EXAMINER XX

24D. LOCATION

ASSOCIATE MEDICAL EXAMINER

25C. FUNERAL DIRECTOR

3/10/72

(City, town, or county)

White Marsh, Maryland OR ADDRESS

John J. Duda 7922 Wise Ave. Dundalk, Md.

Burial

ACTUAL

SIGNATURE

EXAMINER'S

NAME (Type) 24A. BURIAL CREMATION, REMOVAL (Specify)

25A. DATE REC'D-BY HEALTH DEPL

Peter Lipkovic, M.D.

24B. DATE

the property of the control of the c

the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

12.235 72 02659 BALTIMO	ORE CITY HEALTH DEPARTMENT						
BIRTH NO.	FICATE OF DEATH REG. NO. 72 02659						
1. NAME OF DECEASED  IType or Print) HERBERT BOSTON	2. DATE AND HOUR OF DEATH						
3. PLACE IN BALTIMORE MARYLAND, WHERE PRONOUNCED DEAD	14. USUAL RESIDENCE IWhere deceased lived, If institution; residence before admission						
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STE HOSPITAL OR ADDRESS OR LOCATION)							
INSTITUTION	DALTINOTE D. INSIDE CITY LIMITS?						
MARKLAND GEN HOSP	E. STREET AND NUMBER						
	459-1)-Kobert St.						
S. SEX  6. RACE  7. MARRIED □ NEVER MARI  WIDOWED ☑ DIVOR	CED 14-9-09 62 Months Days Hours						
10A. USUAL OCCUPATION (Give kind of work 108, KIND OF SUSINESS OR II done during most of working life, even if refired)	NOUSTRY 11. BIRTHDLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?						
13. FATHER'S NAME	14 MOTHER'S MAIDEN NAME						
HArry Doston	HANNAh Boston						
15. Wes Deceased Efer in U. S. Armed Forces? (Tes, no or unknown) lift yes, give war or dates of service)  16. SOCIAL SECURITY N	4-111						
Ves Hpv5-1943-Cot9,1945 (1) -07-	1506 VIVI AN howery 4915-ST. Georges INE						
DISEASE OF CONDITION DIRECTLY	BETWEEN ONSET AND DEATH						
LEADING TO DEATH  (This does not mean the mode of dying, e.g., (A) MMEI	DIATE CAUSE D. L. L.						
heart failure, asthenia, etc. It means the disease.	O, OR AS A CONSEQUENCE OF: SEPS 15- GRAM NEC						
ANTECEDENT CAUSES							
DISEASES OR CONDITIONS, if any, giving (E) DUE T	O, OR AS A CONSEQUENCE OF: CHE						
rise to the above cause (A) stating the UNDERLYING CONDITION last. (C)	GREAT S RENAL FAILURE YEARS						
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL	EHT LEANC						
DISEASE OR CONDITION GIVEN IN PART 1 (A).  194. DATE OF OPERATION 195. CONDITION FOR WHICH OPERATION WAS PERFORMED  194. ACCIDENT WAS UNDERLYING 1 1215. PLACE OF INSI	ON 20A. AUTOPST? (Yes of No.) 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFIING CAUSES OF DEATH?						
	78)						
OR CONTRIBUTING CAUSE OF home, form, foctory,	IRY le.g., in or obout 21 C. WHERE DID (If In Baltimore City, give exact location) street, office bidg., INJURY OCCUR?						
OEATH (notify medical examined of all property	RRED 21F. HOW DIO INJURY OCCUR?						
IAPPROXI While At Work	Not While At Work						
22. I certify that (1) (this hospital) attended the deceased fr	om 13 MMR 1977 to 14 MMR. 1977						
that (1) (we) last saw the deceased alive an 14 M	19 72 and that In(m) (our) opinion death occurred on the date						
and haur and fram the causes stated above (1) (We) (did) (d	id nat) view the body after death.						
23A. SIGNATURE	23B, DAYE SIGNED						
23C PHYSICIANS	Attending Med. Steff Steff 3/14/72						
23C.PHTS(CIAN'S NAME IType)	1 ALD COLLEGE						
24A. BURIAL CREMATION, 1248. DATE 1240, NAME OF CEMETE	DEGREE MI) VEN HOSP						
KEMOVAL (Specify)	RY or CREMATORY 24D. LOCATION ICity, town, or county) (State)						
25A. DATE REC'D'BY HEALTH DEPT.   25B. NAME OF REGISTRAR	ma- TV I I I I I I I I I I I I I I I I I I						
Hanna and and historial white West thank of Moistreet	em. 9K.   MAWEL, NO.						
WAR 16 1972 Jakes E. Jakes, 76.2 ()	27c. JUNESA DIRECTOR DIE H F.A. MOI- LIQUERUS St.						

GERM MED GRANAMINE Duraf 3-872 China Wan The ja Knove 1, 11d.

	101 757 72 02660 BALTIMORE CITY HEALTH DEPARTM. 72 02660
2002	BIRTH NO. CERTIFICATE OF DEATH REG. NO. 12 UZOOU
deat coasso on th	I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH
D 0 5 .	(Type or Print) Washington Trover 3/10/72 19-05 Am.
2 0 0 to	3. PLACE IN BALTIMORE MARYLAND, WHERE PRONOUNCED DEAD  4. USUAL RESIDENCE (Where deceased lived, It institution: residence before admission)  A. STATE B. COUNTY
(5) De ance deat	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ROYLAND . 21215. 15 13
se; (5) andan to de	South Baltimore General Baltimore VES NO []
r attend prior to	I STREET AND NUMBER
do.	+ 3 Hospital 2639 Quantico Ave
magel magel	5. SEX  6. RACE  7. MARRIED  NEVER MARRIED  8. DATE OF BIRTH  9. AGE (In years lost birthgey)  Months; Days Hours; Min.
letermin in regul eceased on is ma	MOOWED DIVORCED 2/06/19/6 56  Months Days Hours Min.  10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote of foreign country)  112. CITIZEN OF WHAT COUNTRY?
70	done during most of working life, even if refired) Beth le hem Stee! South Carolina U.S.A.
vas was the posit	13. FATHER'S MAIDEN NAME
d; (4)	INGRAM WAShington Lovenna Small
D H 0-	15. Was Deceased Ever in U. S. Armed Forces?  (Tes, no or unknown) (If yes, give wor or dotes of service)  SECURITY NO.
E 42	18. (1) CAUSE OF DEATH SCHOOL -2639- QUANTICO PUE
8000	DISEASE OR CONDITION DIRECTLY
nooun atter	LEADING TO DEATH
oron ar a bain	heart failure, asthenia, etc. It means the discose,
BE	injury or complication which caused death.)  ANTECEDENT CAUSES  Page 10 Cancer and a Cancer and
- E O a	DISEASES OR CONDITIONS, if any, giving  (B) DUE TO, OR AS A CONSEQUENCE OF: Well states.
£ 5	rise to the above cause (A) staling the UNDERLYING CONDITION last. (C)
. 0 . 5 1	\C/
	O THER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL
o b	■ IDISEASE OR CONDITION GIVEN IN PART 1 (A).
E W +	WAS PERFORMED IN CERTIFYING CAUSES OF DEATH?
No phy before	U 21A. ACCIDENT WAS UNDERLYING   21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (If in Boltimore City, give exect location) OR CONTRIBUTING   CAUSE OF home, farm, factory, street, office bidg., INJURY OCCUR?
(6) h	21D. TIME (Month) (Doy) (Year) (Hour) 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR?
ept w d (6) N gined	(APPROX.)  While Af Not While At Work
bt	22. I certify that (i) (this hospital) attended the deceased from 2/1/ 1972 to 3/15/ 1972.
3.0	that (1) (we) last saw the deceased alive on 3/9/ 1922 ond that in (my) (aur) opinion death accurred an the date
spital leath) ust be	and haur and from the causes stated above. (1) (We) (did) (did not) view the body after death.
O B E	23A. SIGNATURE 23R. DATE SIGNED  23R. DATE SIGNED  Attending Med. Stoff C
0-5	DECERF Phys. Director Phys.
A. at prior pprov	P. SUBBARAO M.D. 23D. ADDRESS
	24A_BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION LIGHT AND OF COUNTY C. (STATE)
0 0 E	BUVIA 3-14-72 Arebutus Vem Pk. Da Hinare UCT.
was D.O. deceased written a	25A. DATE REC'D'BY HEALTH DEPT. 258 NAME OF REGISTRAR 25 25C. FUNERAL DIRECTOR
	MAR 16 9972 Race File 40 Hore town Dyett F. H. 1701-LAUVENS
	VS 150-REV. 1/1/68

X and A series 45 21 1/11/E James Magness

THE RESERVE

K-520 '72 02661' BALTIMORE CITY HE MEDICAL EXAMINER'S		02661						
BIRTH NO.  1. NAME OF DECEASED	2. DATE Known Month Doy Yeor	Hour						
(Type or (EMERSON) ERNEST L. KNOX	OF FULL OF							
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Doy Yeor	Hour						
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	PRONOUNCED DEAD 3 12 1972	2 11:05a						
HOSPITAL ADDRESS OR LOCATION) OR INSTITUTION	5. USUAL RESIDENCE (Where deceased lived. If institution: residence	e before odmission)						
Md. Gen. Hosp. (DOA)	A. STATE Md. B. COUNTY	1841						
6. SEX 7. RACE 8. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE CITY LIMITS?							
male negro WIDOWED DIVORCED	Balto. YES ☒ NO ☐							
9. DATE OF BIRTH 10. AGE (In years   If Under 1 Yr. If Under 24 Hrs.	E. STREET AND NUMBER							
July 2, 1952 lost birthdoy) Months, Doys, Hours, Min.	4402 Fern Hill Rd.							
11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF	13. FATHER'S NAME							
Baltimore, Md. WHAT COUNTRY?	Emerson L. Knox, Sr.							
14A.USUAL OCCUPATION (Give kind of work 14B. KIND OF BUSINESS OR INDUSTR	Y 15. MOTHER'S MAIDEN NAME	TIME						
done during most of working life, even if retired) umemployed STUDENT	Marjorie Lee							
16. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL (Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO.	18. INFORMANT ADDRESS							
no	Mrs. Marjorie Nixon 4402 Fernh	ill Ayenue						
19. 30 4 9. CAUSE OF DEA	ATH	APPROXIMATE INTERVAL						
(This does not meen the mode of dying, e.g., heart foilure, esthenic, etc. It means the disease, injury or complication which coused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (A) IMMEDIATE CAUSE Intravenous narcotism  DUE TO, OR AS A CONSEQUENCE OF:  DUE TO, OR AS A CONSEQUENCE OF:  DUE TO, OR AS A CONSEQUENCE OF:								
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W								
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W	/AS PERFORMED 21. AUT	OPSY? (Yes or No)						
0 9	ye	S						
Z22A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIB- UTING ☐ CAUSE OF DEATH.	, in or obout 22C. WHERE DID (If in Boltimore City, give exoct location to bidg., etc.) INJURY OCCUR?	)						
22D. TIME (Month) (Doy) (Yeor) (Hour) 22E.INJURY OCCURRED	22F. HOW DID INJURY OCCUR?							
	T WHILE WORK							
23. m. work AI \								
I certify that I held an Inquiry I Inspectian A	utapsy 🗴 and that an this basis, death In my apinian							
ACTUAL SIGNATURE EXAMINER'S NAME (Type) RUSSE 11 S. Fisher, M.D.	CHIEF MEDICAL EXAMINER  ASSISTANT MEDICAL EXAMINER  ASSOCIATE MEDICAL EXAMINER	DATE SIGNED 3-13-72						
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY	Y ar CREMATORY 24D. LOCATION (City, town, or coun	ty) (Stote)						
REMOVAL (Specify) Burial 3-1672 Lively Hop	ce Emmtery Calla, Va.							
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS							
MAR 1 C 1972 Robert E. James, 1600	MORTON & DYETT F. H. 1701 La	urens St.						

HRS

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b. yoursel

mrint, nx, r.

and Birof T\_

Eulle, W.

iv. y o catry

1 72 02662 BALTIMORE CITY HEALTH DEPARTMENT MEDICAL EXAMINER'S CERTIFICATE OF DEATH RE

72 02662

BIRTH N	0.		MILL	ICA		CAMILIA C		ICA	12 01	עבא	REG. NO.				
1. NAME OF DECEASED								Kn	own 🗌	Month	Doy	Year	Hour		
(Type or Print) KATHERINE NEUGENT							OF DEATH	4 Es	timoted 🔲					М.	
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD										Month	Doy	Yeor	Hour	7.11	
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)							PRON	IOUNCEI	DDEAD	3	12	1972	11:	43p M	
OR INSTITUTION							5. USUA A. STATE		NCE (When	e dece osed	lived. If institution	n: residence	before odm	ission)	
Lutheran Hospital								Md.			B. COUNTY	0	78	33	
6. SEX 7. RACE 8. MARRIED X NEVER MARRIED								OR TOW			D. INSIDE CI	TY LIMITS?			
female negro widowed Divorced								Balto. YES 🖾 NO 🗌							
9. DATE	OF BIRTH		10. AGE (In	y)	If Ur Mont	der 1 Yr. If Under 24 Hrs. hs   Doys   Hours   Min.	E. STREE			p.1	4 . 0	-7			
May		933		38			5000 Corley Rd. Apt. C-7								
			gn country)			ITIZEN OF VHAT COUNTRY?	13. FATHER'S NAME								
And	erson	, S. C	1. (	1 / P.		VHAT COUNTRY?	1	2	· Hill	ME					
			ven if retired)			BUSINESS OR INDUSTRY	1								
		Worke				ocial Service			e Ell	is					
16. WAS (Yes, no o	r unknown)	O EVER IN (If yes, give	Wor or dotes	of service	S? e)	17. SOCIAL SECURITY NO.	1B. INFO					DDRESS			
						203 - 26 - 6532		theri	ine P.	Neuge	ent 500	0 Cor			
19.	400	0,31				CAUSE OF DEA			hannia	n +1	a aut ann	acm	PPROXIMATE		
	DISEASI	OR CON	DITION DIRE	CTLY		Maligh	nant r	lyper	tensic	omogi	n externa	31			
		EADING				(A)IMMEDIATE C	CAUSE	Tron	dilas	Olilost	dialys	S			
he	(This does not mean the mode of dying, e.g., heart foilure, osthenic, etc. It means the disease, injury or complication which coused death.)														
	mps ; or compression and coord county														
ANTECEDENT CAUSES  (B)  DUE TO, OR AS A CONSEQUENCE OF:															
RIS	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.								CL 0						
Z	NDEKLYIN	G CONDI	IION LASI.			(c)									
E			11	O LIZBIDI	1711.10								г 41,		
10 TO	THE DEA	TH BUT NO	T RELATED TO	THE TER	MINAL										
E 20 A			GIVEN IN P			WHICH OPERATION W	AS DEDEO	DMED				121 AUTO	AUTOPSY? (Yes or No)		
E C	DAIL OF	OFERATIO	200. CO	MDIIION	FOR	WINCH OF EXAMON W	NS FERFO	KALL							
¥ 22A	EVER	IAL CALICE	14/4.6		Toon r	NACE OF INITIDAY		Jane sa		yes					
S UNE	DERLYING	NAL CAUSE ☐OR CON USE OF DE	NTRIB-			PLACE OF INJURY(e.g., , form, foctory, street, office				(it in Boitin	nore City, give ex	oct rocotion)			
(APP	OF INJURY (APPROX.)  WHILE AT WORK  NOT WHILE AT WORK														
23.	23.  I certify that I held on Inquiry Inspection Autopsy and that an this basis, death in my apinion														
	resulted from: Natural causes Accident Suicide Hamicide Undetermined monner														
	CHIEF MEDICAL EXAMINER &														
	ACTUAL		(12/	15-0	la	e/ ""	Δ.			EXAMINE		DATE SIGNED			
	EXAMINER'S  ASSOCIATE MEDICAL EXAMINER														
	NAME (T	ype)		1 S.	_	sher, M.D.							3-13-7	2	
	RIAL CREA AL (Specif		24B. DATE		24	C. NAME of CEMETERY									
	rial	DV 115 4 17 1	3-17-7			Arbutus Memor									
25A. DA	IE KEC'D	BY HEALTH	O C C	25B.	NAME	OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS								
MA	MAR 16 1972 Olde E de Sain Me. O O Mortign & Dyett F. H. 1701 Laurens St.											•			

4-11-1972 - Completion of cause of death on a pending medical examiner death certificate
Russell S. Fisher, M.D.

HRS

4/12/22 - Dealyas for Kidney - med yam -ge.

11 7 7 7

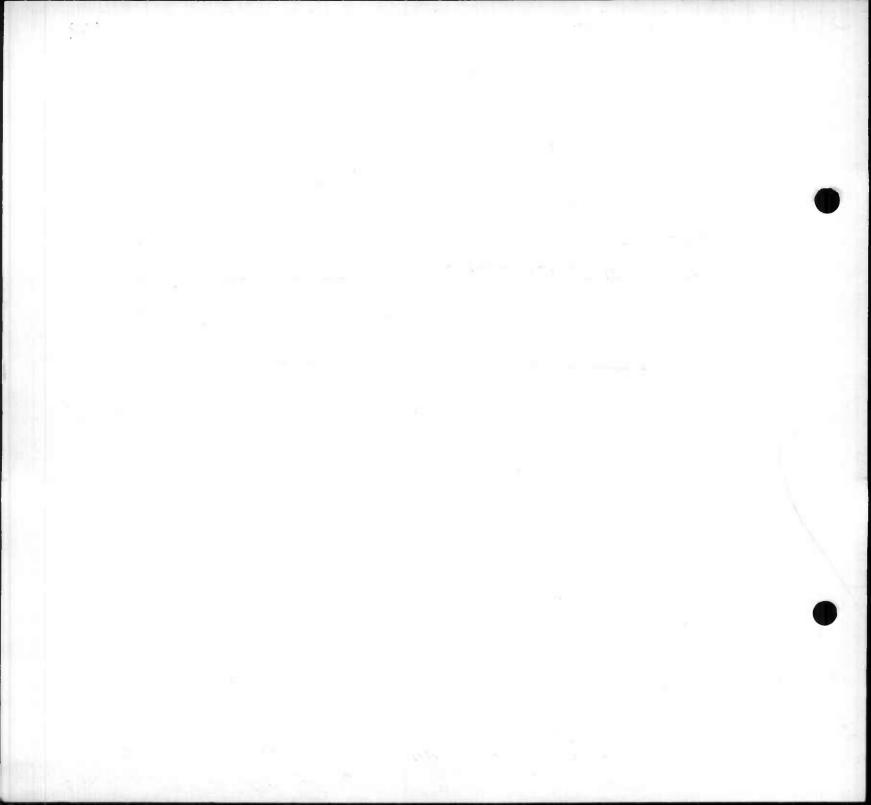
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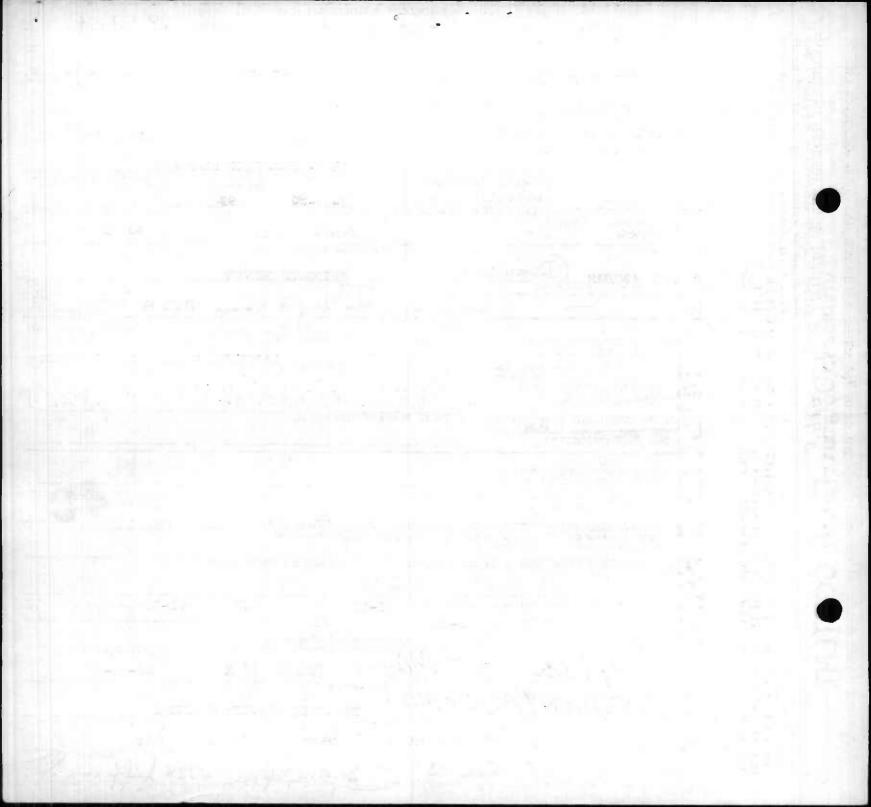


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THE BODY OF ANNIE ROBINETTE HAS BEEN RELEASED ON	FUNERAL DIRECTOR: IMPORTANT	SE SE	E	4	ha	560	9
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INETTE HANIE	8996	ate must be appraved by the chief medical examiner or his assistant if death occurred in a haspital and	IS FE	n accident of any nature; (2) Body burns; (3) A fracture af any kind; (4) Undetermined cause; (5) Deceased	at a hospital (except where the physician wha pronounced death was in regular attendance on the	riar to death); and (6) Na physician was in regular attendance an the deceased priar to death. Such	must be abtained before the remains are embalmed or final dispasifion is made.
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-BALTIMORE CITY HEALTH DEPARTMENT

REG.	NO	72	02	66

RID	RTH NO. 72 02664 CERTIFIC	CATE OF DEATH REG. NO. 12 12564	
1. N	NAME OF DECEASED upe or Print)	2. DATE AND HOUR OF DEATH	
	ANNTE ROBINETTE PLACE IN BALTIMORE MARTLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, If institution: residence before of A. STATE B. COUNTY  MARYLAND	M. dmissian)
FU HC IN:	JEL NAME OF OF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET OSPITAL OR ADDRESS OR LOCATIONI  THE JOHNS HOPKINS HOSPITAL  BALTIMORE, MD 21231	C. CITY OR TOWN  BALTIMORE  E. STREET AND NUMBER	
-	25	222N. PATTERSON PARK AVE	
	SEX 6. RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED DIV	The state of the s	
don	no during most of working life, even if refired)  CLERK	MARYLAND U.S.A.	OUNTRYY
	BARNEY DUNTGAN (DUNNIGAN)	14. MOTHER'S MAIDEN NAME  BRIDGETT DENVER	
5. Ye	Wes Deceased Ever in U. & Armed Forces? ss,no or unknown) UI yes, give war or dates of service) SECURITY NO.	BRIDGETT DENVER  17, INFORMANT  ADDRESS  174 Has Hary A. Keiser - 222 N. Patterso	n Pk
	DISEASE OR CONDITION DIRECTLY CAR	EATH  DIAC SCAUSE  RAS A CONSEQUENCE OF:  CONSEQUENCE OF:	
	(This does not mean the mode of dying, e.g., DUETO, O	CAUSE ATLACT RAS A CONSEQUENCE OF:	perdemoninarios
C	CERTIFICATION APPROVED BY	ASGRAP DIGARE	urs
# ·	DISEASES OF CONDITIONS, IT CITY, GIVING THE DUE TO, CO.	PR AS A CONSEQUENCE OF:	
NOL	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL		
RTIFICAT	DISEASE OF CONDITION GIVEN IN PART 1 (A).	20A AUTOPSTY (Yes of No.) 20B, IP YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?	
AL CE		e.g. in or obout 21 C. WHERE DID (If In Beltimore City, give exact location) of office bldg. INJURY OCCUR?	
MEDIC	21D-TIME IMonth) (Doy) (Year) (Hour) 21E INJURY OCCURRED OF INJURY IAPPROX.) While At Not Work At	While Work	
	22. I certify that (E) (this hospital) attended the deceased from		72
	that ((we) last saw the deceased alive on 03-12 and hour and from the causes stated above. (We) (did)	19and that in(m) (our) apinion death accurred an	the date
	23A. SIGNATURE OF MILES TO SEE MILES	Attending Med. Staff Staff 338, DATE SIGNED  O3=12=72	
	NAME (Type) STELLEN PAGET, MI.	)   CONTROL   CO	
	REMOVAL (Specify)  BURIAL 3-14-72  SACRED HE	TART OF SUS 24D. LOCATION ICity, town, or county)	(State)
	MAR 1 6 1972 Jacker E, Jalley M. A.	250 UNERAL DIRECTOR - 2334 Sufferm	B.
VS	150-REV. 1/1/68	711	



451

	BALTIMORE CITY HEALTH DEPARTMENT
	BIRTH NO. 729 12665 CERTIFICATE OF DEATH REG. NO. 72 12665
	(Type or Print) KATHERINEELSTALLINGS 3/15/72
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived, If institution, residence before admission)
	FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)  A. STATE B. COUNTY  C. CITY OR TOWN  D. INSIDE CITY LIMITS?
1	CILLO O IL HOME HACT BALIMORE YES & NO
1	CHURCHHOME + HOSP.  E. STREET AND NUMBER  107 N. BRADFORD ST. #21224.
- 11.	MARKIED NEVER MARKIED STATE OF
	TEMALE WIDOWED DIVORCED 12/203 68  Nonths: Doys Hours Min.  10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 17. BIRTHPLACE (Stole or foreign country)  12. CITIZEN OF WHAT COUNTRY?
	done during most of working life, even if retired)  BALTIMORE,
	13. FATHER'S NAME
	1111111 A REL MILLIAM MAINTEN TO THE ANALY
	15. Wos Deceased Ever in U. S. Armed Forces? 16. SOCIAL 17. INFORMANT
II'	(Tes, no or unknown) (If yes, give war or doles of service) SECURITY NO.
<i>/</i> }	18. / 9 0 1 4 0 / 9 CAUSE OF DEATH APPROXIMATE INTERVAL
	DISEASE OR CONDITION DIRECTLY POSSIBLE GEVER. THUIGNANCY BETWEEN ONSET AND DEATH
	(This does not meen the made of dying, e.g., heart foilure, asthenio, etc. It means the disease, injury or camplication which caused death.)  (A) IMMEDIATE CAUSE CUDO CRIVED IS ORDERS VNDETER H.  DUE TO, OR AS A CONSEQUENCE OF:
	ANTECEDENT CAUSES
	DISEASES OR CONDITIONS, if any, giving isse to the above cause (A) stating the
	UNDERLYING CONDITION last, (C)
	Z II AUEMIA
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL  DISEASE OR CONDITION GIVEN IN PART 1 (A).  19A. CONDITION 19R CONDITION FOR WHICH OPERATION WAS PERFORMED  21A. ACCIDENT WAS UNDERLYING TO 121B PLACE OF INJURY IS A 15 SHAPE OF DEATH?
	DISEASE OF CONDITION GIVEN IN PART 1 (A).  19A-DATE OF OPERATION 19R CONDITION FOR WHICH OPERATION 20A AUTOPSY? (Yes of No.) 20B, IF YES, WERE FINDINGS CONSIDERED
	WAS PERFORMED IN CERTIFYING CAUSES OF DEATH?
	OR CONTRIBUTING CAUSE OF home, form, foctory, sheet, office bidg., INJURY OCCUR?
	21D-TIME IManth) (Doy) (Year) IHous) 21E INJURY OCCURED 21F. HOW DID INJURY OCCUR?
	Work At Work
I	22. I certify that (1) (this hospital) attended the deceased from 3 19 72 to 3 19 72
I	that (1) (we) lost sow the deceased alive on
$\ $	and hour and from the causes stated abave. (1) (We) (did) (did not) view the bady after death.
1	23 DATE SIGNED
	23C. PHYSICIAN'S 23C. P
	NAME (Type)  DIET DICH V FCI DIMANIA HT CHUP CH HAME IN A CP
2	24A. BURIAL CREMATION, 24B. DATE   24C. NAME of CEMETERY of CREMATORY   24D. LOCATION   City, town, or county   (Stole)
	BURIAL 3-18-72 MT, CARMEL CEMETERY 57/20'DONNELL ST, BALTO, 2/224. MD,
2	SA. DATE BECD BY HEALTH DEET DES HAME OF PROPERTY
	15 150-REV. 17/26 1972 Paker E. Faller, M.D., Charles S., Jeller BALTO, 21224, M.D.

PALTIMORE,

Market satisfactor of the first terms of

(4) Undetermined cause; (5) or contributing cause attend 0 prior occurred was in regular disposition is mad deceased death the or his assistant if IMPORTANT death HO or final attendance fracture of any who pronounced embaimed FUNERAL DIRECTOR: (6) No physician was in regular chief medical examiner Q Le physician before the remains burns; any nature; (2) Body (except where the 0 the the body was released to the hospital obtained approved death); and pe of hospital must An accident must prior to approval 0 certificate ŧ

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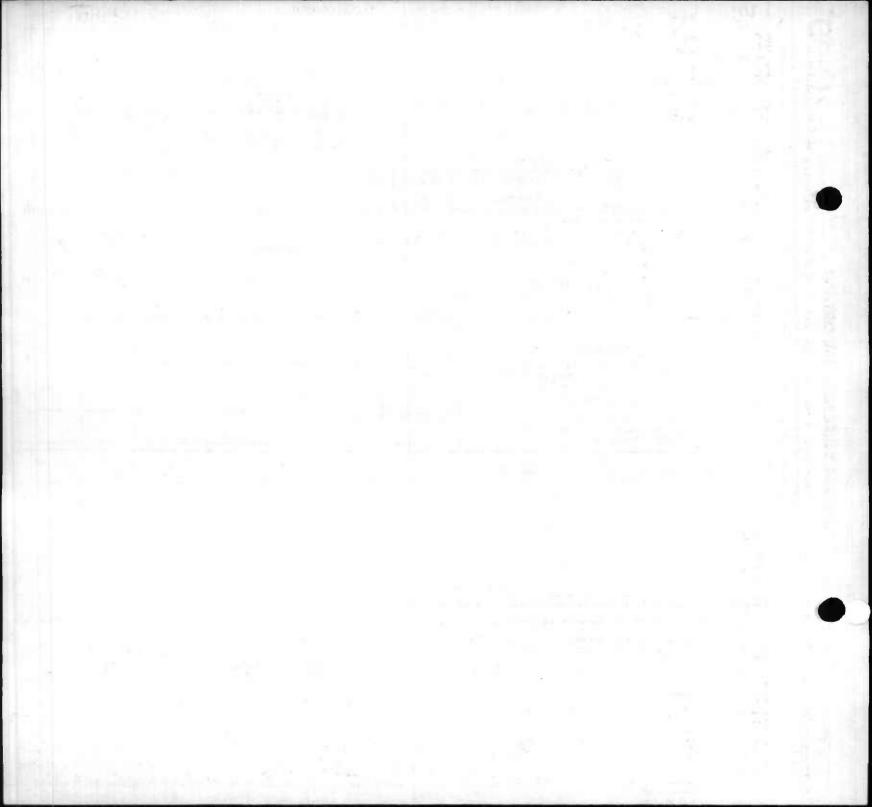
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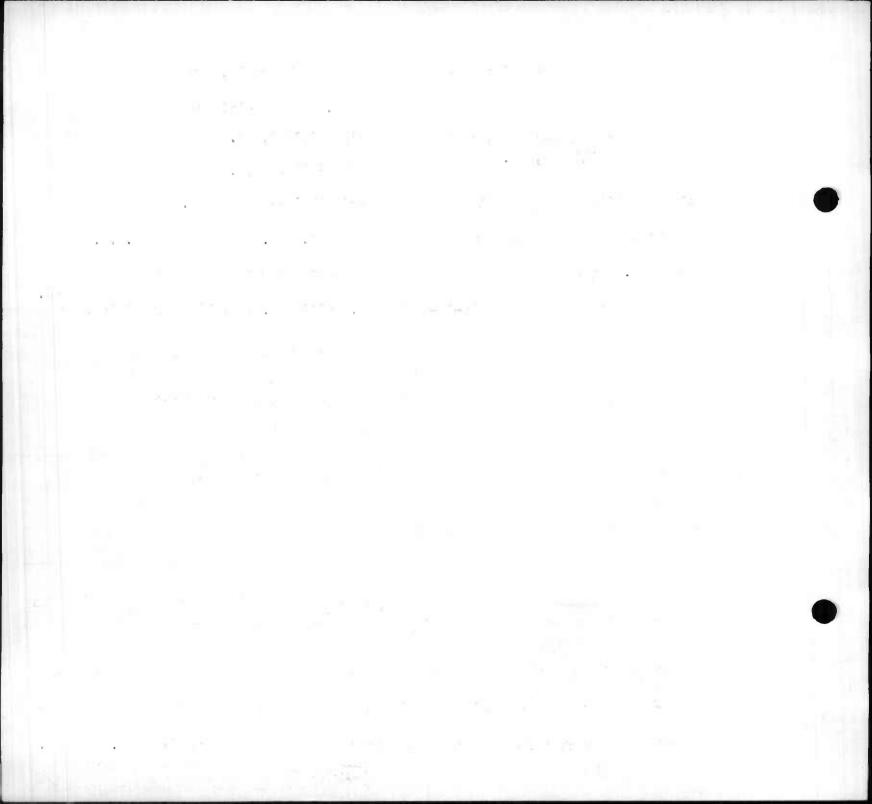
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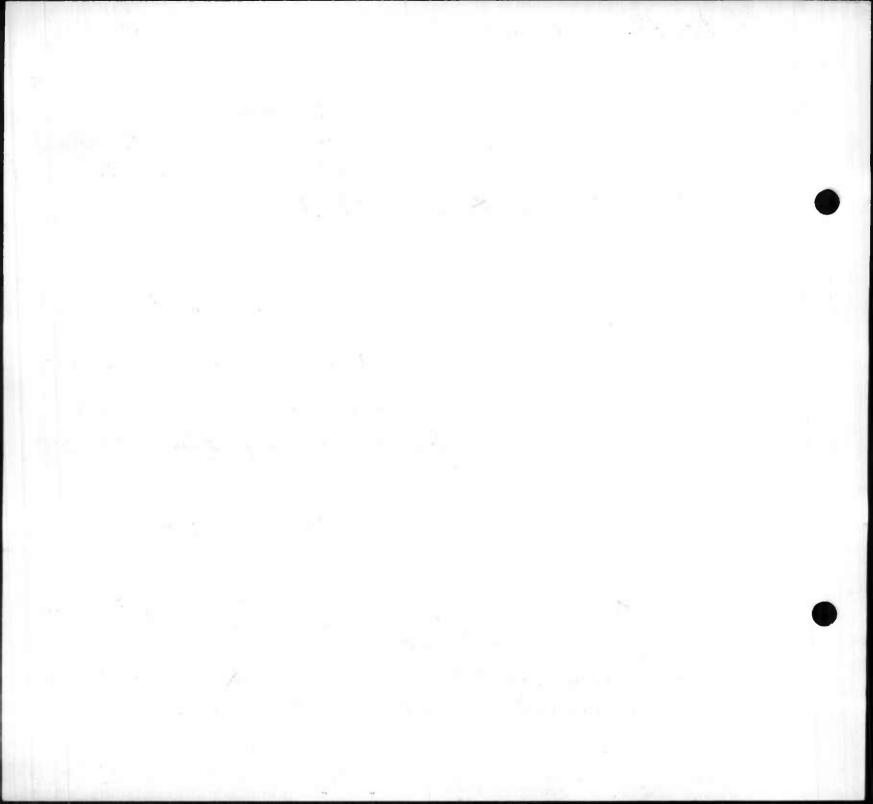
72 02666 BALTIMORE CITY HEALTH DEPARTMENT 72 02666 CERTIFICATE OF DEATH BIRTH NO. LNAME OF DECEASED 2. DATE AND HOUR OF DEATH VINCENT (Type or Print) 3 . 10.7 4. USUAL RESIDENCE (Where deceased lived, If institution residence before admission A. STATE B. COUNTY 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD BALT MORE FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) 00 C. CITY OR TOWN D. INSIDE CITY LIMITS? SINAI HOSPITAL PIKE(III NO X E. STREET AND NUMBER 220 Reic 23 2 0 8. DATE OF BIRTH 9. AGE (In years If Under 1 YE. II Under 24 Hrs. 5. SEX 6. RACE MARRIED NEVER MARRIED WIDOWED DIVORCED 10A, USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote of foreign country 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if refired) ZET 13. FATHER'S NAME MOTHER'S MAIDEN NAME 15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service) 7. INFORMANT 6. SOCIAL SECURITY NO. CAUSE OF DEATH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dyling, e.g., heart failure, asthenia, etc. it means the disease, DUE TO, OR AS A CONSEQUENCE OF injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS A CONSEQUENCE OF: rise to the above cause (A) stating the UNDERLYING CONDITION lost CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A DATE OF OFERATION 19A CONDITION FOR WHICH OFERATION WAS PERFORMED 20A. AUTOPSY? (Yes or No) 20B, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 218, PLACE OF INJURY (e.g., in or obout 21C, WHERE DID home, farm, foctory, street, office bldg., INJURY OCCUR? 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (If in Boltimore City, give exact location) MEDICAL DEATH (notify medical examined 21 D. TIME OF INJURY (Month) (Doy) (Yeat) (Houd 21E INJURY OCCURRED 21 F. HOW DID INJURY OCCUR? Not While While At (APPROXI 22. I certify that (I) (this hospital) attended the deceased from 01 that (1) (we) lost sow the deceased alive on\_ ond that in(my) (aur) opinion deoth occurred on the date ond hour and fram the causes stated above. (1) (We) (did) (did not) view the bady after death. 23A. SIGNATURE 23B DATE SIGNED Attending Med. Director Phys. 23C. PHYSICIAN'S NAME IType 23D. ADDRESS SINAL MARCO DEGREE 24A. BURIAL CREMATION, REPOVAL (Specify) DATE 24C. NAME OF CEMETERY OF CREMATORY (State) NAME OF REGISTRAR 25C FUNERAL DIRECTOR VS 150-REV. 1/1/68



	100	2 02005		BALTIMORE CITY	HEALTH DEPARTMENT		
BI	RTH NO.	2 02667		CERTIFICA	TE OF DEATH	REG. NO.	72 12667
1.	NAME OF DECE	ASED			2. DATE	AND HOUR OF DEATH	
		Elizabe	th Brisc	oe Lee	Mar	ch 10, 1972	1 M.
		IMORE MARYLAND. W			A. STATE & CO	here deceased lived, If in	nstitution: residence before admission)
III H	JLL NAME OF OSPITAL OR ISTITUTION	(IF NOT IN HOSPIT ADDRESS OR LOCA	AL OR INSTITU ATION)	JTION, GIVE STREET	C. CITY OR TOWN		IDE CITY LIMITS?
	44	Union Memor		pital	Pikesville 8	, Md.	YES NO X
	1 1	Baltimore	e, Md.		620 Military		
5.	SEX	6. RACE	7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	7 9. AGE (In years 7	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
F	emale	White	WIDOWED	DIVORCED	April 17,1883	83 vrs.	Months Doys Hours Min.
10/	A. USUAL OCCU	PATION (Give kind of work orking life, even if retired)	108 KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stoto or f	preign country)	12. CITIZEN OF WHAT COUNTRY?
	Housewij		Own Ho	me	Kent Co. ,Md		U.S.A.
13.	FATHER'S NAM		_ OWII 110	MIO.	14. MOTHER'S MAIDEN N		U.S.R.
	Samuel	R. Brown			Augusta Thom	pson	
15. (Ye	Was Deceased	Ever in U. S. Armed Fore	es?	1 6. SOCIAL	17. INFORMANT	poor.	ADDRESS Md.
- 11	No	None		SECURITY NO. 215-48-0534	Mr. William B	. Lee,1168 Ou	ater Drive, Hagerstow
	18.4/0	19147	50.	CAUSE OF DEATH		ſ	APPROXIMATE INTERVAL
		OR CONDITION DIR	ECTLY	man	- a mugaran	6. Ola Rose	BETWEEN ONSET AND DEATH
	(This does no	t mean the made of	dying, e.g.,	(A) IMMEDIATE CAU	SE A CONSEQUENCE OF:	uninging	
	heori failure, a	sihonia, etc. Il means lication which caused	the disease	DUE 10, OR AS	CONSEGRENCE OF:		
		NTECEDENT CAUSES	a d a little	Care	mary arte	a disea	22
	DISEASES OF	CONDITIONS, if	ny, giving	(B)DUE TO, OR AS	A CONSEQUENCE OF		***************************************
	rise to the	above cause (A)	sloling the	(c)			
		11		(0)		20	***************************************
ATION	ITO THE DEATH	ANT CONDITIONS CON BUT NOT RELATED TO TH NOTION GIVEN IN PART	E TERMINAL	Dea	beter me	lletus	
ERTIFIC	19A. DATE OF	OPERATION 198 CONT	DITION FOR W	HICH OPERATION	20A. AUTOPSY? (Yos or	No. 208, IF YES, WERE IN CERTIFYING CAT	FINDINGS CONSIDERED USES OF DEATH?
CAL CE	21A. ACCIDENT OR CONTRIBUT DEATH (notify m	WAS UNDERLYING DING CAUSE OF	218. I home olc.)	PLACE OF INJURY (e.g., in form, foclory, street, off	or obout 21C. WHERE DID	(If In Boltimore	e City, give exect location)
MEDI	21 D. TIME (	Month) (Doy) (Yearl		INJURY OCCURRED	21F. HOW DID IN	IJURY OCCUR?	
<	(APPROX.)		While			0	
	22. I certify th	hat (I) (thi <del>s:hoopi</del> ral)	attended the	e deceased fram	June 18	19 // to	enward 1 10 To
		ast saw the deceased		January	7 19 72 and	that in (my) (aut) opin	nion death occurred an the date
	and have and	from the causes state	d abayes (1)	(We) (did) (did nat) vi	ew the body after death	•	
	23A. SIGNATURI	0001	Seel	1.10		722	238, DATE SIGNED
	23C. PHYSICIAN	need by	Nax	DEGREE Phys.	ding Med. Director	Staff Phys.	3-13-12
	NAME (Typ	YVEZ 1	2504	WAMD.	2 Howo	od Aven	a Marville la
24A	REMOVAL (Spe	ATION, 248. DATE	24C. NAA	ME of CEMETERY OF CREA	MATORY 24D.	LOCATION (Cit	y, town, or county! (Stole)
	Burial	March 1		Chester Ceme	tery Ch	estertown, K	Kent Co. Md.
25A	MAR	Y HEALTH DEPT.		BESTEWN D.	25C, FUNERAL PIRECTO		ADDRESS
VS	150-REV. 1/1/68	1.0		,	Trank H.	HEMPHY	CANALLE S. MIC.



	21/1 7000	BALTIMORE CITY	HEALTH DEPARTMENT		70 00000		
1.1	D-642 72 02	CERTIFICA	TE OF DEATH	REG. NO	72 02668		
	NAME OF DECEASED  ypo or Printly LO HIS BURI	ESON	2. DATE A	ND HOUR OF DEATH	2 . 0 15		
3	PLACE IN BALTIMORE MARYLAND, WHERE PR		4. USUAL RESIDENCE (Whe	ne deceased lived. Il ins	Hillution: residence belaro admission)		
II H	ULL NAME OF (IF NOT IN HOSPITAL OR IS OSPITAL OR ADDRESS OR LOCATION)			AND	DE CITY LIMITS?		
	Universely of Wayla	A Hospital	E. STREET AND NUMBER	1	YES NO		
5.	SEX 6. RACE 7. MAR	RIED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	II Under 1 Yr II Under 24 Hrs.		
	F W WIDO	WED X DIVORCED	5/3/26	lost birthdoyl 45	Months Days Hours Min.		
do	A, USUAL OCCUPATION (Give kind of work 10B, KIN ne during mast of warking life, even if refired)	D OF BUSINESS OR INDUSTRY	11. BIRTHPLA CE (Stote at fore	ign country)	12. CITIZEN OF WHAT COUNTRY?		
13	Hanse Work a	I Home	South Car	olina	USA		
	Unknown		Unknow				
15 (Y	. Was Deceased Ever in U. S. Armed Forces?	icel SECURITY NO.	17. INFORMANT		APDRESS - OL		
	No /	?	-ann will	lanison	46 Parkinst.		
	18.410.91	CAUSE OF DEAT	Н		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH		
	DISEASE OF CONDITION DIRECTLY LEADING TO DEATH	CANDIDATE CAL	Pulman 8	dans	2 days		
	(This does not meon the mode of dying, heart foiture, asthenia, etc. It means the disc injury or camplication which caused death.)	e.g., DUETO, OR AS	A CONSEQUENCE OF:		3.418		
	ANTECEDENT CAUSES	(8)	Acute Revol for	ilone	2 days		
	DISEASES OR CONDITIONS, if any, gi	ving DUE TO, OR AS	A CONSEQUENCE OF:	4 / 2	44		
	UNDERLYING CONDITION lost.	(c) Hurte	Regocardial to	factions	9 to SdAYS		
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTI TO THE DEATH BUT NOT RELATED TO THE TERMIN DISEASE OR CONDITION GIVEN IN PART 1 (A).	NG NAL					
CERTIFIC	19A-DATE OF OPERATION 19B CONDITION FWAS PERFORMED	OR WHICH OPERATION	20 A. AUTOPSY? (Yes or No	20B. IF YES, WERE FI	NDINGS CONSIDERED		
CAL	21A. ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH (nally medical examine)	21B PLACE OF INJURY (e.g., in hame, form, foctory, street, affect)	or obout 21C. WHERE DID	(If In Boltimore	City, give exact location)		
MEDI	21D.TIME (Month) (Doy) (Year) (Haur) OF INJURY	21E INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?			
~	(APPROXI	While At Work  Not While At Work	° □ _ /,.		1 2		
	22. I certify that (this hospital) attend that (i) (we) last saw the deceased alive		Ph. em	19 /2 ta	3/13 19/2		
				at in (Thu) (aur) apini	an death occurred an the date		
	and haur and fram the causes stated above. (We) (did) (We) view the body after death.						
	A Wahal	DEGREE Phys		Staff Phys	3/14/72		
	23C. PHYSICIAN'S NAME (Type)		3D. ADDRESS	- ():	1-0		
24.	J. E. MAHAFE	DEGREE	MATORY 24D. LC	OCATION (City	town, ar county) (State)		
	Burial 3/17/72	Islen Haven 7	em.	Ilen Ku			
25.	A. DATE REC'D BY HEALTH DEPT. 258, NA	7 /6	25C. FUNERAL DIRECTOR	1 1 9	ADDRESS .		
VS	MAK 1 6 1972 Jake & E 32	Go, ACD	John J. Con	an vivi	Hallmast.		



the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.	1. I (Ty 3. FL)   FL   FL   FL   FL   FL   FL   FL
the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.	MEDICAL CERTIFICATION

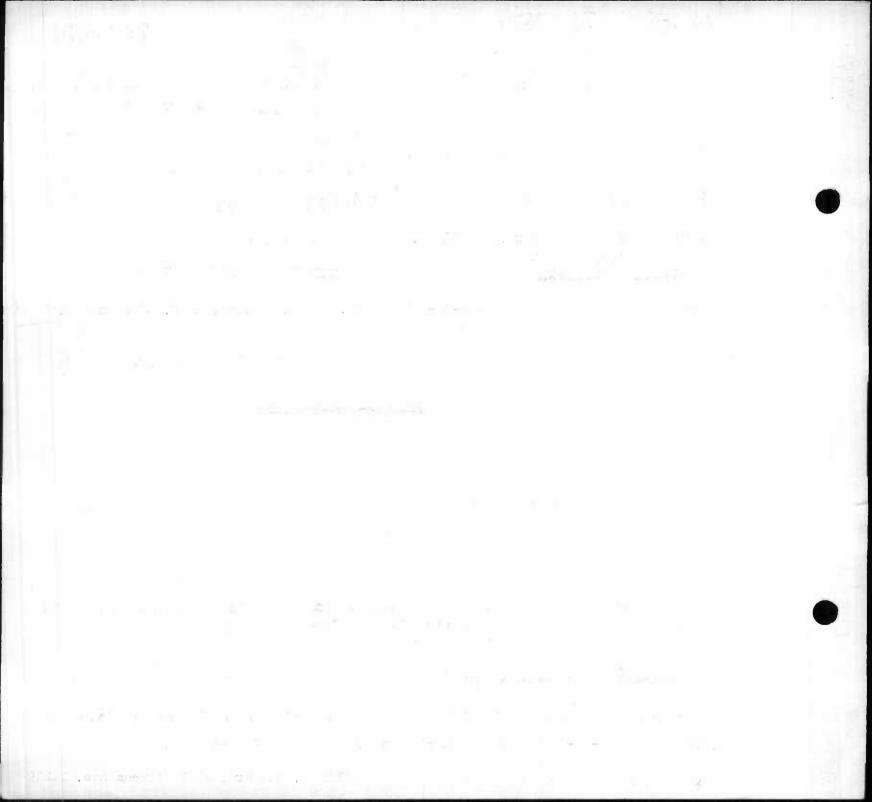
B-624 72 0266	d	HEALTH DEPARTMENT	REG. NO.	72 02669
BIRTH NO.	CERTIFICA	TE OF DEATH		
1. NAME OF DECEASED (Type or Print) GERTRUDE E.	BRAECKLEIN		ch 14, 1972	12:40 A M
3. PLACE IN BALTIMORE, MARYLAND, WHERE PR FULL NAME OF (IF NOT IN HOSPITAL OR IN HOSPITAL OR ADDRESS OR LOCATION)		Maryland C. City Or TOWN	īΥ	stitution: residence before admission)  DE CITY LIMITS?
0 0 1154 Cleveland Str Baltimore, Maryla		Baltimore  E. STREET AND NUMBER  1154 Clevelan	d Street	YES 🕅 NO 🗌
	RIED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. , If Under 24 Hrs.
	WED A DIVORCED	3-14-1884	lost birthday) 88	Months Doys Hours Min.
HOA, USUAL OCCUPATION (Give kind of work 10B, KIN	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or lorei		12. CITIZEN OF WHAT COUNTRY
done during most of working life, even if relired) Housewife		Maryland		U.S.A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAM	ΛE	
William David Lippy		Sarah C. I	eazer	
S. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dates of serv		17. INFORMANT		ADDRESS 21230
No	217-07-4928D	Miss Helen P.	Braecklein,	1154 Cleveland St.
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (This does not meon the mode of dying, heart foilure, osthenio, etc. It means the disinjury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, grise to the above cause (A) stating UNDERLYING CONDITION tost.	iving DUE TO, OR AS the (C)	ISE Cerelical V A CONSEQUENCE OF: MICH CALLEUM, A CONSEQUENCE OF:		s Sudden 12 agean
DISEASE OR CONDITION GIVEN IN PART 1 (A).  19.A. DATE OF OPERATION 19.B. CONDITION WAS PERFORMED  21.A. ACCIDENT WAS UNDERLYING	. 8 8 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9	20A. AUTOPSY? (Yes or No	20B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH Inotify medical exominer	21B. PLACE OF INJURY (e.g., i home, lorm, factory, street, of etc.)	n or obaut 21 C. WHERE DID ffice bldg., INJURY OCCUR?	(If in Boltimor	e City, give exoct location)
21D. TIME (Month) (Doy) (Yeot) (Hout) OF INJURY (APPROX.)	21E. INJURY OCCURRED  While At Not While Work At Work		URY OCCUR?	
22. I certify that (I) (this hospital) attend that (I) (we) last saw the deceased alive and haur and fram the causes stated abar 23A. SIGMATURE	an 3-13	19 72 and the	at in(my) (our) api	nian death accurred an the date
Jeelin P. Willich 23C. Rytisician's	OEGREE Phy	23 D. ADDRESS	Shoff Phys. D	3/14/22
NAME (Type) John P. Uri	lock. Jr.	1227 Washingto	II DIVU. Der	Itimore, Ma. 21230
John P. Ur.	Lock, Jr.  OEGREE  AC. NAME OF CEMETERY OF CRI			1timore, Md. 21230 ty. town, or county) (Stote)
John P. Ur.  24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)  24B. DATE	OEGREE	EMATORY 24D. LO		ty, town, or county) (State)

0 24 11 12 200 A STATE OF THE STA 4571111-Live section . I have THE DEVICE BUILDING ... [20 a 20 a 20 a 20] [21 a 2 ] [22 a 2 ] [22 a 2 ] [23 a 2 ] Constant of the second of the 

#### IMPORTANT DIRECTOR: FUNERAL

72 02670 BALTIMORE CITY HEALTH DEPARTMENT spital and of death Deceased CERTIFICATE OF DEATH on the h. Such INAME OF DECEASED ANNIE MANSER 2. DATE AND HOUR OF DEATH (Type or Printt hospital nnis mansek death. 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD ance B. COUNTY cause; (5) COUSE Anne FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) maryland attend C. CITY OR TOWN 40 0 Linthicam 2 prior University of Maryland Hospital contributing E. STREET AND NUMBER occurred etermined FLEANOY gular 5. SEX 6. RACE 7. MARRIED NEVER MARRIED 9. AGE (In years BB deceased WIDOWED DIVORCED 7 10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole of foreign country) disposition death = done during most of working life, even if retired) 0 Dud Retired Clerk Corkran Hill Co. marri ah SD 13. FATHER'S NAME HENRY the direct 14. MOTHER'S MAIDEN NAME MANSER 4 3 KMAM WITHEMIA assistant PO death 15. Was Deceased Ever in U. S. Armed Forces? (Yes, na ar unknown) (If yes, give wor or dates of service) 6. SOCIAL 17. INFORMANT final SECURITY NO. attendance 215-19-9579 Mrs. Oliver any pronounced CAUSE OF DEATH 10 DISEASE OR CONDITION DIRECTLY gular atter embalmed o LEADING TO DEATH Cheury im of Thoracic (A) IMMEDIATE CAUSE (This does not mean the mode of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF: heart failure, osthenia, etc. If means the disease, examiner injury or complication which coused death. who ANTECEDENT CAUSES 9 are 4 DISEASES OR CONDITIONS, if ony, giving DUE TO, OR AS A CONSEQUENCE OF: 3 rise to the obove couse (A) stoling the physician UNDERLYING CONDITION lost the remains medical medical Was (2) Body burns; CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). No physician chief 19A-DATE OF OPERATION 198 CONDITION FOR WHICH OPERATION the 20A. AUTOPSY? (Yes or No) 0 WAS PERFORMED before OR CONTRIBUTING CAUSE OF where 21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? to the hospital MEDICAL DEATH (notify medical exomined any nature; obtained 21D.TIME 9 (Month! IDay) (Year) (Hour) 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY Not White (except While At I (APPROXI and Work 22. I certify that (1) (this hospital) attended the deceased from. march pe that (1) (we) lost sow the deceased alive on\_ march 19 72 eath) hospital accident of and hour and from the causes stated above. (1) (We) (did) (did net) view the body after death. was released must 23A. SIGNATURE Ď Attending Med. Staff eceased prior to approval Phys. Director 8 23C. PHYSICIAN'S NAME (Type) 23D. ADDRESS 10 An 24A. BURIAL CREMATION, REMOVAL (Specify) O. A. DEGREE Written 3-17-1972 Loudon Park Cemetery Was 25A. DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) Arunde 1 D. INSIDE CITY LIMITS? NO X YES . Il Under 1 Yr. Months: Days If Under 24 Hrs. Hours Min. Hours 12. CITIZEN OF WHAT COUNTRY? WICKE ADDRESS Bullen, 16 S. Eleanor Ave. 21090 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH - 1 year 208 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If In Boltimore City, give exoct location) ond that in (my) (our) opinion death occurred an the date 23 B. DATE SIGNED Ta Baltimore, Maryland Howard H. Hubbard, 4107 Wilkens Ave. 21229 VS 150-REV. 1/1/68



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death. Such deceased prior to death. Such deceased prior to death. Such deceased prior to death.

D-120 P 300 0267	BALTIMORE CITY	HEALTH DEPARTMENT		
BIRTH NO.	1 CERTIFICA	TE OF DEATH		72 02671
Type of Print) DAVIS, ELIZA	ABETH M ( DOOD	Y) MA	RC4 14, 197	2   5:45A m.
3. PLACE IN BALTIMORE, MARYLAND, WHERE	PRONOUNCED DEAD	4. USUAL RESIDENCE (	Where deceased lived, If in	nstitutions residence before admission)
FULL NAME OF (IF NOT IN HOSPITAL O ADDRESS OR LOCATION NSTITUTION	R INSTITUTION, GIVE STREET	MARYLAND c. CITY OR TOWN	D. INS	IDE CITY LIMITS?
40 ST. AGNES	HOSPITAL	BALT IMORE  E. STREET AND NUMBE		YES NO
		3703 COOL		1229
FEMALE CAUCASIAN WI	ARRIED NEVER MARRIED DOWED DIVORCED	08/14/05	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
OA USUAL OCCUPATION (Give kind of work 108, one during most of working life, even if refired)	KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State of	loreign country)	12. CITIZEN OF WHAT COUNTRY?
	estinghouse	MARYLAND		U.S.A.
3. FATHER'S NAME		14. MOTHER'S MAIDEN	NAME	1
JOHN DOODY		ELIZABETH	(Shannon)	DOODY
5. Was Deceased Ever in U. S. Armed Forces? Yes, no or unknown) (If yes, give war or dates of : NONE	16 SOCIAL SECURITY NO. 212-05-251	17. INFORMANT Mr. George	F. Davis, Jr.	3703 Coolidge Ave ECORDS
118. // / 9 8	CAUSE OF DEAT		HUSFITAL K	APPROXIMATE INTERVAL
ANTECEDENT CAUSES  DISEASES OR CONDITIONS, If any, rise to the above cause (A) statis underlying condition last.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO THE TEST OF CONDITION GIVEN IN PART 1 (A)	SUTING RMINAL	A CONSEQUENCE OF:  My oc missis	les follows e Infantis	<i>y y y y y y y y y y</i>
O THE SIGNIFICANT CONDITIONS CONTINUED TO THE TELEVISION OF THE TE	N POR WHICH OPERATION	NONE	IN CERTIFYING CA	FINDINGS CONSIDERED
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examined)	21 R. PLACE OF (NJURY (e.g., home, farm, factory, street, o	n et about 21 C. WHERE DI	D (II In Boltimo	re City, give exact location)
21 D. TIME (Month) (Doy) (Yeos) (Ho OF (NJURY (APPROX.)	While At Not While At Work		INJURY OCCUR?	
22. I certify that (I) (this hospital) att	ollogo lile december libili terrespon	ARCH 4	1972 to _MAR	CH 14 19 72
that (i) (we) lost sow the deceased al	Ive on MARCH 14	1972on	d that in (my) (our) opi	Inion death occurred on the date
and hour and from the causes stated a		lew the body after dec	ith.	
23A. SIGNATURE				238. DATE SIGNED
M Jausuf	Idaloghi DEGREE Phy	ending Med. Director	Shaff Phys.	03/14/72
23C. PHYSICIAR'S NAME (Type)  M SIDDIQUIM		ST. AGNES	IMORE, MARY	LAND 21229 TON & WILKENS AV
24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	24C. NAME of CEMETERY OF CR			ily, town, or county) (State)
Burial 3-17-1972			Baltimore, M	
25A. DATE REC'D BY HEALTH DEPT. 25B.	NAME OF REGISTRAR	25C FUNERAL DIREC	TOR	Wilkens Ave. 21229
MAR 1 6 1972 ) 6 Bes E 3	adden 14.0,	noward n.	manuara, 410/	WIIRCHS MVC. ZIZZJ

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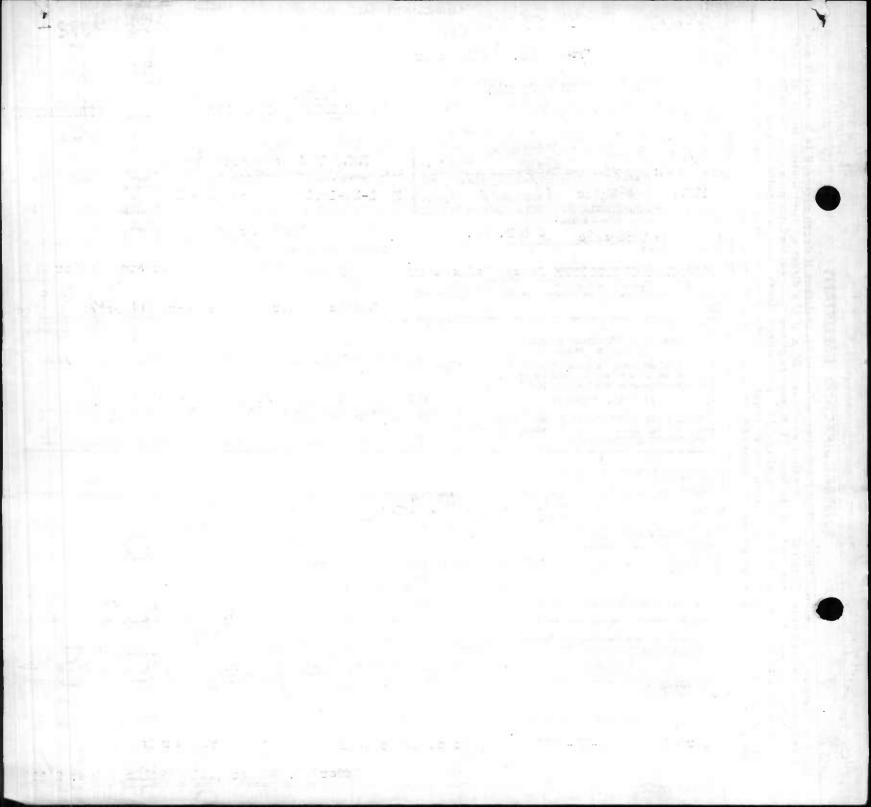
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This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the written approval must be obtained before the remains are embalmed or final disposition is made.

. / BALTIMORE	CITY HEALTH DEPARTMENT
H-456 12-2672 CERTIFIC	CATE OF DEATH REG. NO. 72 02672
(Type or Print)  Thank Name of Deceased Frank 20. CHallameyer	2, DATE AND HOUR OF DEATH  3/14/71  1054
3. PLACE IN BALTIMORE MART AND WHERE PRONOUNCED GEAD	4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE B. COUNTY
FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	MARYTAND D - 7 3 1 3 8 0 1 1
Bon See ours Argoital-	Ballo 21228 md. YES NO
3+ W. Balto & Pulasky STS Balto 21223 md	E. STREET AND NUMBER  E. STREET AND NUMBER  E. STREET AND NUMBER  Way  1712 Wadsworth Way
5. SEX 6. RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED	lost birthdoy Zarrazzzz Months; Day's Mans
10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDU	DSIEL IL SIKINFEACE ISIGIO OF IOTEIN COUNTY!
Retired Maintenance C & P. Co.	Maryland M. S.a.
13 FATHER'S NAME	14. MOTHER'S MAIDEN NAME
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	TXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
S. Wes Decessed Ever is U. S. Amied Forces? [16. SOCIAL SECURITY NO.	17. INFORMART ADDRESS Lane
No 212-05-037	
18.// 2 3 14 / 5 3 CAUSE OF D	DEATH APPROXIMATE INTERVAL
DISEASE OF CONDITION DIRECTLY	BETWEEN ONSET AND DEATH
LEADING TO DEATH	ECAUSE Conserved Goost studie days
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. it means the disease,	OR AS A CONSEQUENCE OF:
Injury or complication which caused death.	x 1. + 11 + 11
ANTECEDENT CAUSES	enoscillou Heart alustare years
The state of the s	OR AS A CONSEQUENCE OF: /
rise to the above cause (A) staling the UNDERLYING CONDITION last. (C)	
11	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	
194 CONDITION FOR WHICH OPERATION WAS PERFORMED	20A AUTOPSTS (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
# 3 /- /- Halmura of the	The land hand 200 Studens DID 100 to God Advisor City she god leaded
OR CONTRIBUTING CAUSE OF home, fam, factory, sire	left, in er/about 21C. WHERE DID est office bidg. INJURY OCCUR? (If in Boltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED	21E HOW DID INJURY OCCUR?
While At   Not	While Work
22. I certify that (1) (this hospital) attended the deceased from	2-29- 1972 to 3-14- 1972
that (V (we) last saw the deceased alive on	14 19 7/2 and that in (m) (our) opinion death accurred on the date
ond hour and from the couses stated above. (N (We) (did) (did n	
23A. SIGNATURE	23B, DATE SIGNED
Chu 7, more Im	Attending Med. Stoff Soff Soff Soff Soff Soff Soff Sof
23C. PHYSICIAN'S NAME (Type)	23D. ADDRESS
24A. BURIAL CREMATION, 248. DATE 24C. NAME of CEMETERY of REMOVAL (Specify)	of CREMATORY 24D. LOCATION (City, town, or county) (State)
Burial 3-17-1972 Holy Redeeme	r Cemetery Baltimore, Maryland
MAR 1 6 1972	Howard H. Hubbard, 4107 Wilkens Ave. 21229
VS 150-REV 1/1/68	The strange of the st



Such

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CERTIFICATION

MEDICAL

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prior

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at

shows: (1) deceased

the body was D.O. written approval

IMPORTANT

FUNERAL DIRECTOR:

I. NAME OF DECEASED (Typo or Print) 3. PLAC FULL N HOSPITA INSTITU

PIERCE. EDWIN MAYHEW

2. DATE AND HOUR OF DEATH

E IN BALT	IMORE, MARYLAND, WHERE PRONOUNCED DEAD	A. STATE B. COU	era deceosed lived. Il institution NTY	residence belose
AME OF	(IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	MARYLAND	BALTIMORE	3 =
AL OR	AUGRESS OR LOCATION)	C, CITY OR TOWN	D. INSIDE CIT	Y LIMITS?
-		Arbutus	YES [	Д ои ∑

ST AGNES HOSPITAL

E. STREET AND NUMBER 5000 WESTLAND BOULEVARD 21227

5. SEX	6. RACE	7- MARRIED NEVER MARRIED	8. DATE OF BIRTH	9. AGE Un years lost birthdoyl	Months Doys Hours Min.
MA LE	WHITE CCUPATION (GIVE kind of	WIDOWED DIVORCED Work 108, KIND OF BUSINESS OR INDUST	11/30/96	foreign country)	12. CITIZEN OF WHAT COUNTRY
done during mos	d of working life, even if refl Machinist		MARYLAND		USA
13. FATHER'S	NAME	5,	14 MOTHER'S MAIDEN	NAME	

WALTER PIERCE ELLA LOPER 15. Was Deceased Ever in U.S. Armed Forces? (Yes, no or unknown) (if yes, give war or dates of service) SECURITY NO.

CATOMANAVES., BALTIMORE MD . 121229 ST AGNES HOSPITAL RECORDS WILKENS

No 218260018 CAUSE OF DEATH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) IMMEDIATE CAUSE IThis does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, Injury or complication which caused death.) DUE TO, OR AS A CONSEQUENCE OF: ANTECEDENT CAUSES

DISEASES OR CONDITIONS, Il any, giving

rise to the above cause (A) stating the UNDERLYING CONDITION last

DUE TO, OR AS A CONSEQUENCE OF:

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A),

19A GATE OF OPERATION 19A CONDITION FOR WHICH OPERATION WAS PERFORMED

20A. AUTOPST? (Yes of No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. A CCIDENT WAS UNDERLYING DO CONTRIBUTING CAUSE OF UEATH (notify medical examined	21& PLACE OF INJURY (e.g., in or about 21C. WHERE DID home, form, factory, street, office bidg. INJURY OCCUR? etc.)

21f. HOW DID INJURY OCCUR?

21D. TIME (Month) (Doy) (Hous 21E INJURY OCCURRED (Yeat) While At Not While (APPROX.) Work At Work

22. I certify that (1) (this hospital) attended the deceased from and that in (my) (aur) opinion death accurred on the date that (1) (we) last saw the deceased alive an. VVVV

and hour and fram th	e causes	stated above.	(1) (We) (did	) (ዘዚህ (የዕጥ የነף) (	e bady after death	le .
23A. SIGNATURE	len.	idde.	1/1		/	

Med. Director

23B, DATE SIGNED

(II in Boltimore City, give exoct location)

21229 MIGUEL HEREDIA M.D DEGREE 3350 WILKENS AVENUE EREDIA, M.D. DEGREE 335 BALTIMORE

24A. BURIAL CREMATION, REMOVAL (Specify)

Wash. Blvd. Howard Co., Md.

3-16-1972 Meadowridge Cemetery 258, NAME OF REGISTRAR

25C. FUNERAL DIRECTOR Howard H. Hubbard, 4107 Wilkens Ave. 21229

VS 150-REV. 1/1/68

25 C. PHYSICIAN'S

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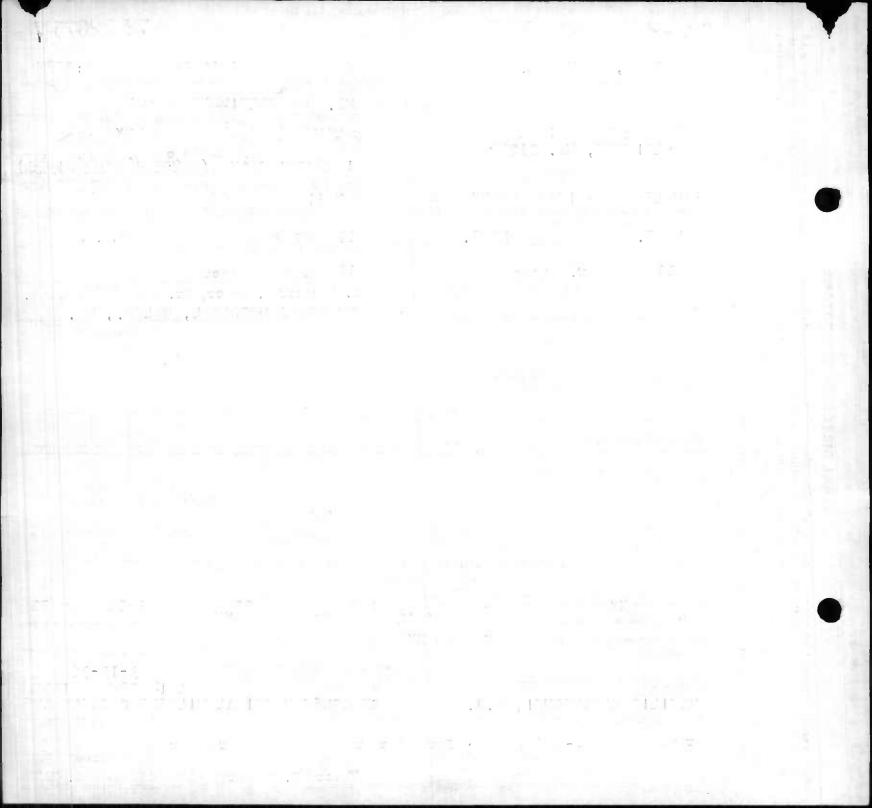
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FUNERAL DIRECTOR: IMPORTANT	0
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written approval must be obtained before the remains are embalmed or final disposition is made.	

11	BALTIMORE CITY	HEALTH DEPARTMENT		72 02674		
H-535 72 02674	CERTIFICA	TE OF DEATH	REG. NO.	12 02014		
(Type or Print) HINDMAN, ELVIRA H		MARCH	11, 1972	3:20 P. N		
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOL	INCED DEAD	4. USUAL RESIDENCE (Where d	eceased lived. If institution	n: residence before admission		
FULL NAME OF IF NOT IN HOSPITAL OR INSTITUTION ADDRESS OR LOCATION)	JTION, GIVE STREET	MARYLAND		2541		
INSTITUTION		BALT I MORE	D. INSIDE CIT	4.4		
ST AGNES HOSPITA	\L-	E. STREET AND NUMBER	TES	NO []		
		4301 PARKTON	ST - 21229			
5. SEX 6. RACE 7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH 9.	AGE (In years If U	nder 1 Yr. it Under 24 Hrs. hs: Days Hours Min.		
FEMALE CAUCASIAN WIDOWED	DIVORCED	12 31 03	68			
10A USUAL OCCUPATION (Give kind of work 10B, KIND OF done during most of working life, even if retired)	BLIND	11. BIRTHPLACE (State or loreign	country) 12. C	TITZEN OF WHAT COUNTRY		
	KSHOP FOR	NEW JERSEY		U.S.A.		
13. FATHER'S NAME		14 MOTHER'S MAIDEN NAME				
ERNEST SCHLEUNING		IDA SEXHAERER	SCHARPER			
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no of unknown) liff yes, give war of doles of servicet NO	1 6. SOCIAL SECURITY NO. 218-12-0166	ST AGNES HOSP				
18.410.9	CAUSE OF DEATH	WILKENS AVES	BALLO MO ZI	APPROXIMATE INTERVAL		
DISEASE OR CONDITION DIRECTLY	Condina	onic shock		BETWEEN ONSET AND DEATH		
LEADING TO DEATH	(A) IMMEDIATE CAU	SE				
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	DUE TO, OR/AS	CONSEQUENCE OF:				
injury or complication which caused dooth.)  ANTECEDENT CAUSES	Mulana	- d. D - 1	Air			
DISEASES OR CONDITIONS, if any, giving	(B) TO CO CO	A CONSEQUENCE OF 1	refeer			
rise to the above cause (A) stating the UNDERLYING CONDITION last.	Artero	osclerosis				
11	(6)-/			***************************************		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING						
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  19A. DATE OF OPERATION 19R. CONDITION FOR WAS PERFORMED  21A. ACCIDENT WAS UNDERLYING 1218.	***************************************					
2 19A-DATE OF OPERATION 19R CONDITION FOR W	HICH OPERATION	YES	OB, IF YES, WERE FINDING CAUSES O	GS CONSIDERED F DEATH?		
U 21A. A CCIDENT WAS UNDERLYING   21B.	PLACE OF INJURY feat in	or about 21C, WHERE DID	(If In Boltimore City,	give exact location)		
S (DEATH (notify medical examined lets.)	e, form, foctory, street, off	ice bldg., INJURY OCCUR?	the position of the same	give exact tocollon;		
221D-TIME   1Month)   1Doy)   1Year)   1Hour)   21E	INJURY OCCURRED	21F. HOW DID INJURY	Occum			
₹ IAPPROY1	e AI Not White		O C C O K I			
Work		02 017	0.0	11 70		
22. I certify that (1) (this hospital) attended the that (1) (we) last saw the deceased alive an	03 11		2 10 03			
73.		ond that i	n (Ay) (our) opinian de	eath accurred on the date		
and hour and from the causes stated above. ()	(me) (dld) (dld/nåt) v	ew the body after death.	100 B	ATE SIGNED		
Attending Med. Stoff A Day 6 1 1992						
23C. PHYSICIAN'S NAME (Type)	DEGREE Phys.	3D- ADDRESS	s. — // //	m. 1/1/2		
JOUNG SOON LEI	Е И В	ST AGNES HOSE	) LTA			
24A. BURIAL CREMATION, 24B. DATE 24C. NA		SI AGNES HOSE		or county) (State)		
Burial 3-14-1972 Mt	t. Olivet Ceme		ick Rd. Balto			
MAR 1 6 1972 Jacob E. Jacob	PREGISTRAR ()	25C/FUNE AL DIRECTOR Hubbard Funeral	Home INc.4107	Wilkens Ave.		
VS 150-REV. 1/1/68						

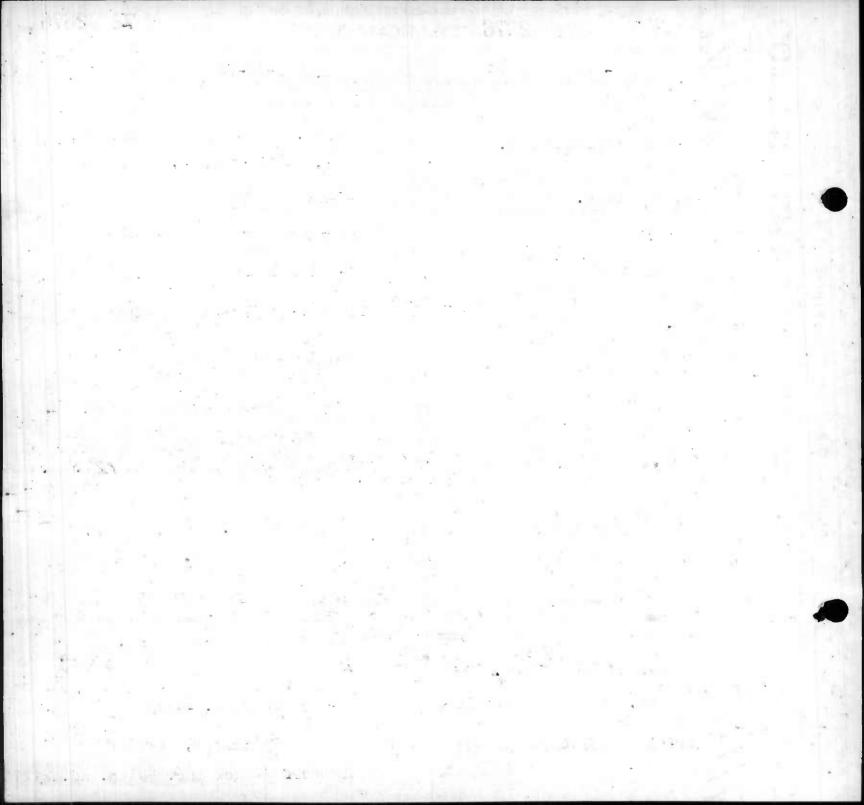
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שבספב	K 1/0	TE OF DEATH REG. NO. 72 02675		
deat deat ease n th	1. NAME OF DECEASED  (Type of Print) OPER. NA OM   E.	2. DATE AND HOUR OF DEATH		
8 00:	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  A. STATE  B. COUNTY		
de de	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR INSTITUTION	MD. XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX		
0 2 0	ST AGNES HOSPITAL	C. CITY OR TOWN Ellicott  BXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX		
ting d cau attr prior	BALTIMORE, MD. 21229	E. STREET AND NUMBER 4556 College Ave. Ellicott City		
1 2 0 B T	5. SEX 6. RACE 7. MARRIED NEVER MARRIED	9. AGE (In years   1 Under 1 Yr. If Under 24 Hrs. Months: Days Hours: Min.		
contrib termin regul	FEMALE WHITE WIDOWED XX DIVORCED []	9 2 11 60  11. BIRTHPLACE (State or loreign country)  12. CITIZEN OF WHAT COUNTRY		
or c ndet s in dec	done during most of working life, even if retired)  HSWF . HSWF .	XX Maryland U.S.A.		
if d (4) U (4) U the spos	13. FATHER'S NAME  22 John T. Gibson	14 MOTHER'S MAIDEN NAME		
di di, di on lai	15. Was Deceased Ever in U. S. Armed Forces?   16. SOCIAL	XXX Emma Roper  No. Chester E. Roper, Jr. 4556 College Ave.		
유투자교등	No No	ST AGNES HOSPITAL, BALTO, MD.		
f any f any nced enda d or	DISEASE OR CONDITION DIRECTLY	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH		
Als me	LEADING TO DEATH	A CONSEQUENCE OF:		
pro pro pro nba	(This does not mean the mode of dying, e.g., heart failure, aethenia, etc. It means the disease, injury or complication which caused death.)	A CONSEQUENCE OF:		
A fra	DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS	A CONSEQUENCE OF:		
(3) (3)		en Helita Pursten / Dronchitic		
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bod () Bod hysic	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  19-A. DATE OF OPERATION 19-B. CONDITION FOR WHICH OPERATION WAS PERFORMED  121B. PLACE OF INJURY (A.G.)	YES		
the al b	OR CONTRIBUTING CAUSE OF home, form, foctory, street, of	n of about 21 C. WHERE DID (If in Baltimore City, give exact location) injury occurr		
ospiture os with which will will will will will will will wil	21D.TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED	215. HOW DID INJURY OCCUR?		
d d d	Work At Work			
d 80	22. I certify that XIX(this hospital) attended the deceased from	2 9 1972 to 3 12 19 72 19 72 and that In(My) (our) opinion death occurred on the date		
dent of ospital death)	ond haur and from the causes stated obove. (M (We) (dld) (dXdXnXt) v	lew the bady after deoth.		
ccide ccide a hos to d	Attended	nding Mod. Stoff Director Phys. D 23B, DATE SIGNED 03-13-72		
0 5 5 6 5	23C.PHYSICIAM'S NAME (Type)	BALT MORE MD 21229		
certificat body was rs: (1) An D.O.A. al ased pric	VASILIO KAKANTOUSI, M.D.  24A. BURIAL CREMATION, 124B. DATE 124C, NAME OF CEMETERY OF CRE	ST AGNES HOSPITAL WILKENS & CATON AVE		
his certine body hows: (1) as D.O.	Burial 3=15-1972 Loudon Park Ceme	etery Baltimore, Maryland		
This cert the bod shows: was D.O decease written	MAR 1 C 1972 P. C. B. C. Z. C.	Poward H. Hubbard, 4107 Wilkens Ave. 21229		
	VI NO PEN AND AND AND AND AND AND AND AND AND AN	I noward n. nubbard, 410/ Wilkens Ave. 21229		



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This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death). Such written approval must be obtained before the remains are embalmed or final disposition is made.
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This certificate must be approved by the chief medical examiner or his assistant if death occurred the body was released to the hospital by a medical examiner. Also, if the direct or contributing shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined was D.O.A. at a hospital (except where the physician who pronounced death was in regular deceased prior to death); and (6) No physician was in regular attendance on the deceased priwritten approval must be obtained before the remains are embalmed or final disposition is made.
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D -50 BIRTH NO.	20 72	COOMIC	ATE OF DEATH REG. NO.	. 72 02676
1. NAME OF DI (Type or Print)	Anna E	Schenk	2. DATE AND HOUR OF DE 3-12-72	ATH 7P.
3. PLACE IN B.	* * * * * * * * * * * * * * * * * * * *	VHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived.	Il institution; residence before admission
FULL NAME OF HOSPITAL OR	F (IF NOT IN HOSPIT ADDRESS OR LOC	TAL OR INSTITUTION, GIVE STREET ATION)	Maryland	INSIDE CITY LIMITS?
			Balto.	YES NO
00291	2 Westfield	Ave.	E. STREET AND NUMBER 2912 Westfield Ave	9.
5. SEX	6. RACE	7- MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years	If Under 1 Yr. If Under 24 His Months: Doys Hours Min.
Female		WIDOWED DIVORCED	1 6-7-92 79	
	CUPATION (Give kind of wor of working life, even if retired)	KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (Stole or foreign country)	12. CITIZEN OF WHAT COUNTR
Housew			Maryland	USA
13. FATHER'S N	AME		14. MOTHER'S MAIDEN NAME	
Danie	l Bahr		Agnes Feldman	
15. Wos Deceos	ed Ever in U. S. Armed Fo		17. INFORMANT	ADDRESS
No	ar yes, give wor or don	214-01-425	Mr Henry M Schenk	Same
18	124	O 1 9 CAUSE OF DEA		APPROXIMATE INTERVAL
DISE	ASE OR CONDITION DE	RECTLY		BETWEEN ONSET AND DEAT
	LEADING TO DEATH	(A)IMMEDIATE CA	AUSE Arterioselerofic Condi	10-
heort loilui	nol meon the mode of e, osthenio, etc. It meons omplication which coused	dying, e.g., DUE TO, OR A: s the diseose, d deoth.)	SACONSEQUENCE OF: CULAR DIS	EASE 11 years
	ANTECEDENT CAUSES	Chro	vio Puelaucalis 9	in 3 Eleva
DISEASES	OR CONDITIONS, if	ony, giving DUE TO, OR A	S A CONSEQUENCE OF:	<i>J.</i>
	The obove couse (A)	stoting the	ER TUBERCULOSIS	S IDYEARS
ONDEREN				
TO THE DE	II  VIFICANT CONDITIONS CO  ATH BUT NOT RELATED TO TO TO THE PAIN TO THE PAIN TO THE PAIN THE	THE TERMINAL MUSTIPLEHER	PTION SYNDROME QUIC FOIL FOR STILL FOR STORY DUCK IN ERTICULA (ESOPHAGUS, DUCK RNIAS (HIATAL, DICEN DUGHL)	EN COLON 12 years
		NOTION FOR WHICH OPERATION	20 A. AUTOPSY? (Yes of No) 20 B. IF YES, WIN CERTIFYING	VERE FINDINGS CONSIDERED CAUSES OF DEATH?
OR CONTR	DENT WAS UNDERLYING [ BUTING [ CAUSE OF ify medical examiner)	218. PLACE OF INJURY (e.g., home, form, loctory, street, etc.)	, in or obout 21 C. WHERE DID (II In Bol office bldg., INJURY OCCUR?	Itimore City, give exact location)
21 D. TIME OF INJURY	(Month) (Doy) (Year)	(Hour) 21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
(APPROX.)		While At Not Wh		
22. I certi	fy that (I) (stirs has also	) ottended the deceased from	Fub 23 1954 to	3/12 1972
that (l)-	lost sow the deceos	ed alive on MARCH	10 1972 ond that In(my)	opinion deoth occurred on the do
		ted above. (1) (11 (dld not)	view the body ofter death.	
23A. SIGN	TURE /	1100 6 PA 212	water T Mad T CITY	23B. DATE SIGNED
1	all to		tending Med. Staff Phys.	3/13/72
23 C. PHYSIC NAME	(Type)		23D. ADDRESS	
	Dr. John H	Hirschfeld DEGRE	6919 Harford Rd. 2	1234
24A. BURIAL C	REMATION, 24B. DATE	24C. NAME of CEMETERY OF C		(City, town, or county) (Stote)
Buria	- 1.01	72 Sacred Heart	Baltimore,	Maryland
	D BY HEALTH DEPT.	25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS
MAR 1	6 1972 Walled	E. Jacker N.D.	1 Leonard J Ruck In	c. Balto. Md. 213
/S 150-REV. 1/			Till Till	Durious Plat Cla

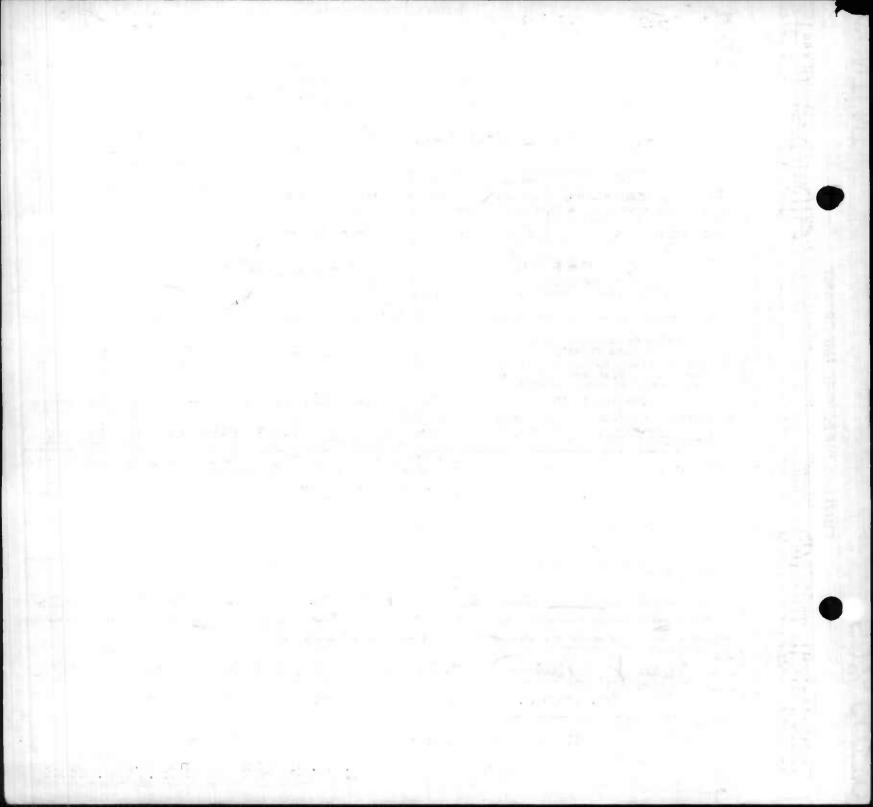


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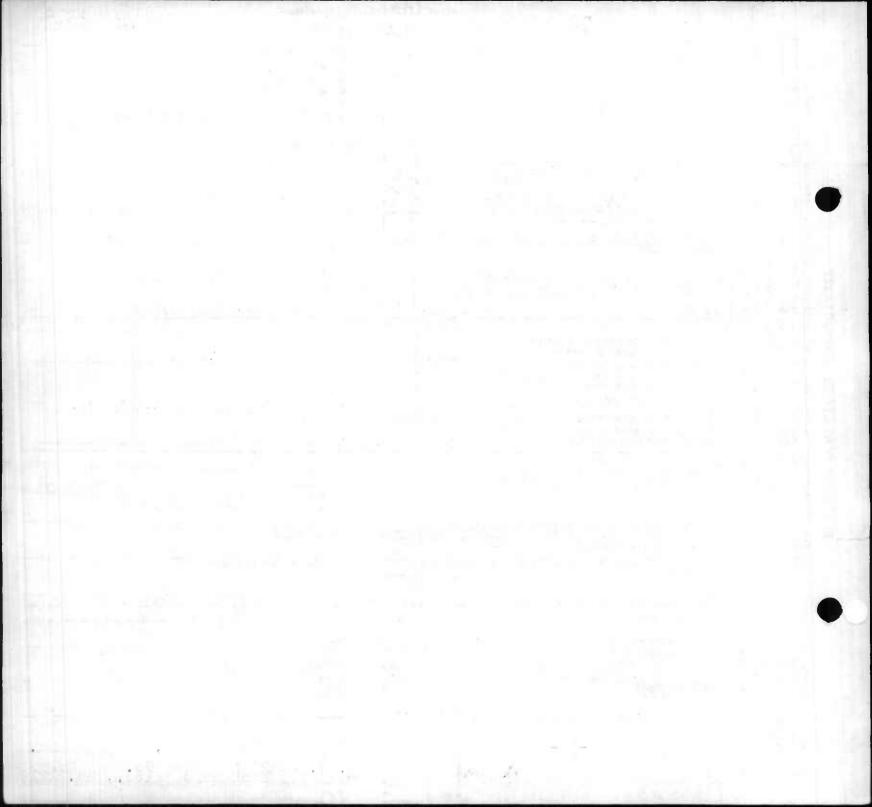
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1	BALTIMORE CITY	HEALTH DEPARTMENT	MO DOOMO
0)-250 72 026 BIRTH NO.	678 CERTIFICA	TE OF DEATH REG. NO.	72 02678
1. NAME OF DECEASED (Typo or Print) FRANCES M. O.	ZHON	2. DATE AND HOUR OF DE	72 1 8 AM
3. PLACE IN BALTIMORE, MARYLAND, WHERE PR	ONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived.	If institution residence before admission)
FULL NAME OF (IF NOT IN HOSPITAL OR II HOSPITAL OR ADDRESS OR LOCATION)	ISTITUTION, GIVE STREET	MARYMAD	INSIDE CITY LIMITS?
INSTITUTION	110000000	BALTIMORE	YES NO
THE UNION MEMORIAL	HOZPITAN	E. STREET AND NUMBER	^ ^
4			0AD HYT. 165
CCI ALC DIACIANTA	RIED NEVER MARRIED DIVORCED DIVORCED	B. DATE OF SIRTH  11 - 01 - 98  9. AGE (In years lost birthday) 7:	Months Doys Hours Min.
10A, USUAL OCCUPATION (Give kind of work 198, KIN done during most of working life, even if refired)	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12 CITIZEN OF WHAT COUNTRY
HOUSEWIFE O	WN HOME	MARY LAND	U.S.A.
3. FATHER'S NAME		14 MOTHER'S MAIDEN NAME	
JOHN S. MARTIN		MARIAE. STARR	
S. Was Deceased Ever in U. S. Armed Forces? (If yes, give war or dotes of serv	ice) 16 SOCIAL SECURITY NO. 20-44-4/17	JOHN H. SETH	2311 SPRINGLAKE 21093
18.402X	CAUSE OF DEAT	1	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY		A 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	
LEADING TO DEATH (This does not mean the mode of dying,	(A) IMMEDIATE CAL	SE CARDIAC ARRES	T 30 min.
heart failure, asthenia, etc. It means the dis- injury or complication which caused death.)	dise,	A CONSEQUENCE OF:	
ANTECEDENT CAUSES	TE PHI	NAL RENAL FAILUR	E 30 days
DISEASES OR CONDITIONS, If any,	ving (B)	A CONSEQUENCE OF:	
rise to the above couse (A) stating UNDERLYING CONDITION last	the CONGE	STIVE HEART FAILU	IRE 45 days
11		O SCHEROTIC VASCUL	AR DISTACE - 90 MED
OTHER SIGNIFICANT CONDITIONS CONTRIBUT TO THE DEATH BUT NOT RELATED TO THE TERMI DISEASE OR CONDITION GIVEN IN PART 1 (A).	NG 3 HYDES	TENSION DISEASE	ALC DISEASE 30 YEA
OTHER SIGNIFICANT CONDITIONS CONTRIBUT TO THE DEATH BUT NOT RELATED TO THE TERMI DISEASE OR CONDITION GIVEN IN PART 1 (A).  19A. DATE OF OPERATION 19B. CONDITION WAS PERFORMED  21A. ACCIDENT WAS UNDERLYING 1		20A AUTOPSY? IVes or No. 208. IF YES, WIN CERTIFYING	VERE FINDINGS CONSIDERED CAUSES OF DEATH?
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH Inotify medical examined  21D. TIME IMonth) (Doyl (Year) (Houd) OF INJURY	21 & PLACE OF INJURY (e.g., i home, form, factory, street, of etc.)	n of obout 21C, WHERE DID (II in Bo	ltimore City, give exect location)
21D. TIME (Month) (Doy) (Year) (Houd	21 E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
[APPROX.]	While At Work Not While At Work	•□	
22. I certify that (I) (this hospital) attend	led the deceased from	2-2 1972 to	3-15 1972
that (1) (we) jost saw the deceased alive	on 3-14	19 72 and that In (my) (out)	opinion death occurred on the dot
and hour and from the causes stated abo	re. (1) (We) (did) (did not)	lew the bady after death.	
23A. SIGNATURE	D V A I		238 DATE SIGNED
Juan J. Jellan	DEGREE		MAR-15-1972
NAME ITypel Dr. Juan J.	Serrano	Union Memorial H	Hospital
24A. BURIAL CREMATION, 24B. DATE 2	DEGREE	MATORY 240. LOCATION	(City, town, or county) (State)
Bunial 3-17-72	New Cathedra		
25A. DATE REC'D BY HEALTH DEPT.   25B. NA	ME OF REGISTRAR	25C FILMERAL DISCOUR	ADDRESS
MAR 1 6 1972 Best E. Have	4, RA2 0	1 4905 Yenkins & Soad	ns Co. Balto., Md. 21212
VS 150-REV. 1/1/68	-		



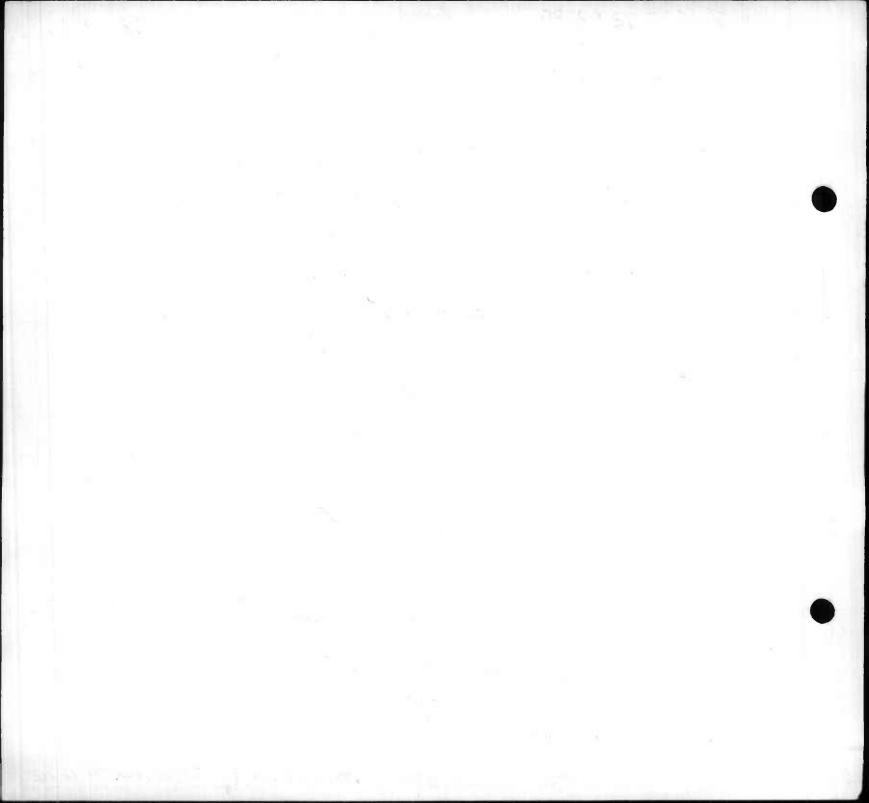
the rif death occurred in a hospital and irect or contributing cause of death (4) Undetermined cause; (5) Deceased LO death. attendance 9 prior made. regular deceased disposition is E Was the direct death uo kind; final attendance any pronounced 9 Also, embalmed fracture of regular who before the remains are 4 ව E physician Mas medical physician Body the 8 to the hospital by any nature; (2) where °N approved by be obtained 9 (except and death); ō hospital the body was released must accident prior to approval O certificate to An D.O.A. shows: (1) pespese written MOS Ö

BALTIMORE CITY HEALTH DEPARTMENT 72 02679 CERTIFICATE OF DEATH BIRTH NO I. NAME OF DECEASED 2. DAYE AND HOUR OF DEATH (Type or Print) 4. USUAL RESIDENCE (Where deceased lived, It institutions residence before admission)
A. STATE
B. COUNTY 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD MARYLAND FULL NAME OF HOSMYAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) C. CITY OR TOWN D. INSIDE CITY LIMITS? YES K BOUTTMORE E. STREET AND NUMBER NO MEMORIN OUER DOE 9. AGE (In years If Under 24 His. 5. SEX Il Under 1 Yr. 6. RACE 8. DATE OF BIRTH 7- MARRIED NEVER MARRIED Hours WIDOWED DIVORCED 10A USUAL OCCUPATION (Give kind of workings, KIND OF BUSINESS OR INDUSTRY 11 1. BIRTHPLACE (State of foreign country) 12. CITIZEN OF WHAY COUNTRY? done during most of working life, even if retired) HOUSEWIFE HOME FLORIDA 13. FATHER'S NAME 4. MOTHER'S MAIDEN NAME SAMUEL NNE 15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) Uf yes, give war or dates of service) 7. INFORMANT ADDRESS SECURITY NO. C.P. BALDWIN (325 WOODLAW APPROXIMATE INTERVAL CAUSE OF DEATH 18. BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH CARDIOGENIC (A) IMMEDIATE CAUSE (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. it means the disease, DUE TO, OR AS A CONSEQUENCE OF: injury or complication which caused death.) ANTECEDENT CAUSES NHA DUE TO, OR AS A CONSEQUENCE OF: DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last. BATHE RIO ESCHERO CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A DATE OF OPERATION 19B CONDITION FOR WHICH OPERATION WAS PERFORMED 20A. AUTOPSYT (Yes or No) 20% IP YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 218 PLACE OF INJURY (e.g., in or obout 21G, WHERE DID home, farm, factory, street, office bldg, INJURY OCCUR? 21 A. A CCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (II in Boltimore City, give exact location) MEDICAL DEATH (notify medical examined 21 D. TIME OF INJURY (Month) (Doy) (Year) (Houd 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? While At Not While (APPROX) Work 22. I certify that (N) (this hospital) attended the deceased from and that in (my) (aur) apinian death occurred an the date that (1) (we) lost sow the deceased alive an and hour and from the causes stated above. W) (We) (did) (did not) view the bady after death. 23A. SIGNATURE 23 B. DATE SIGNED Attending [ Staff Phys. Med. Director Phys. 23C. PHYSICIAN'S NAME (Type) 23D. ADDRESS NOV UILLARAN CESAR DEGREE 24A. BURIAL CREMATION, REMOVAL (Specify) 24B, DAYE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (Citye town, or county) (Stote) 3-18-72 Burial Chester Chestertown Md. 25C. FUNERAL DIRECTOR 25A. DAYE REC'D BY HEALTH DEPT. 258 NAME OF REGISTRAR ADDRESS VS 150-REV. 1/1/68



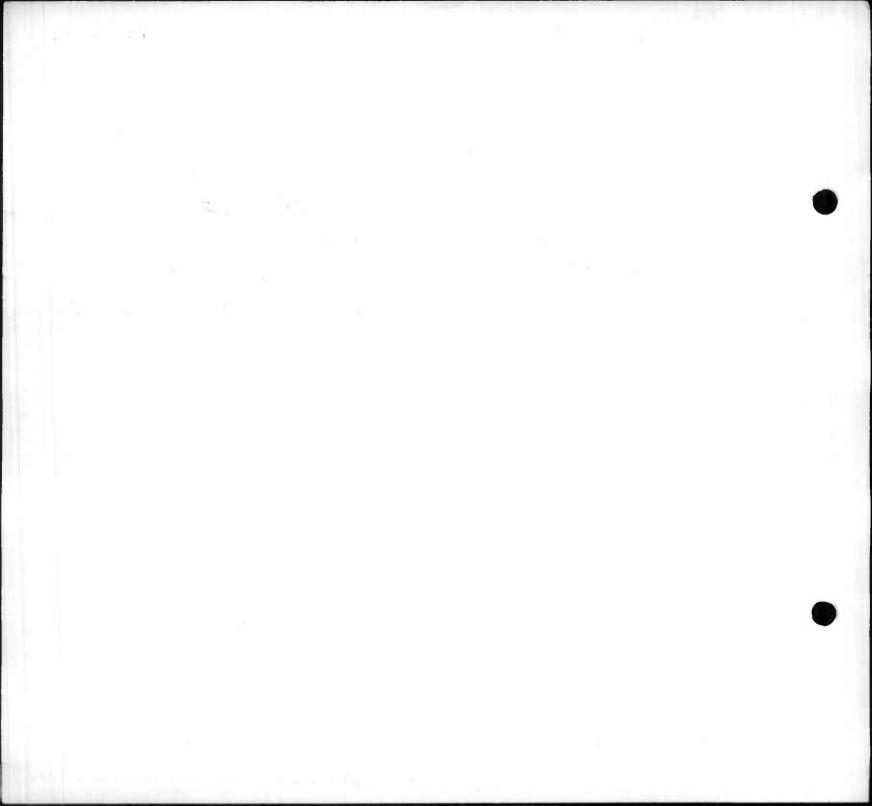
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1	T-693 72 02680	BALTIMORE CITY	HEALTH DEPARTMENT		70 00000
В	IRTH NO.	CERTIFICA	TE OF DEATH	REG. NO	72 02680
1.	NAME OF DECEASED Type or Printle  MMA  MORS	Taul	2. DATE AN	ID HOUR OF DEATH	~ 50 a
3.	PLACE IN BALTIMORE, MARYLAND, WHERE PROJ	NOUNCED DEAD	4. USUAL RESIDENCE I Whe	re deceased lived. Il inst	titution: residence before admission)
FHA	ULL NAME OF (IF NOT IN HOSPITAL OR INS	TITUTION, GIVE STREET	MARY LAND		E CITY LIMITS?
	BOLTON HILL NURS	ing Home	BALTIMERE E. STREET AND NUMBER		YES NO
-	70	/ // //	3900 HIL	TON Rd	
5.	Female BLACK WIDOW	D NEVER MARRIED DIVORCED	8. DATE OF BIRTH  10-26-19	9. AGE (In years last birthday	If Under 1 Yr. Il Under 24 Hrs. Months Doys Hours Min.
10	A. USUAL OCCUPATION (Give kind of work 10B. KIND one during most of working life, even if refired)		11. BIRTHPLACE (State or lorei	gn country)	12. CITIZEN OF WHAT COUNTRY
	DOMESTIC		VA.		
13.	FATHER'S NAME		14. MOTHER'S MAIDEN NAM	ME	<u> </u>
	UNKNOWN		UNKHOWI	Y	
15. (Ye	. Wos Deceosed Ever in U. S. Armed Forces? es,no or unknown) (It yes, give wor or dotes of service	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
L		231-46-7533	Admission	Recend	/
	18.	CAUSE OF DEATI	1 / / /	. /	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	Tem	unal Belater	al Palum	ma I week
	(This does not meon the mode of dying, e. heart laiture, asthenia, etc. 11 means the diseas	(A) IMMEDIATE CAU	SE A CONSEQUENCE OF:	***********************	
	injury or camplication which coused deoth.)	XC	CUA		7
	ANTECEDENT CAUSES	(B) /	C. V. Mise	ace.	
	DISEASES OR CONDITIONS, if any, giving itself to the above cause (A) stating to	DUE TO, OR AS	A CONSEQUENCE OF:		
	UNDERLYING CONDITION last	(c) C	75 -		
ATTON	TO THE DEATH BUT NOT RELATED TO THE TERMINA	i Ny	N. VEusca		?
CERTIFIC	19A. DATE OF OPERATION 198. CONDITION FOR WAS PERFORMED	WHICH OPERATION	20A-AUTOPSYT (Yes or No)	208, IF YES, WERE FIN IN CERTIFYING CAUS	IDINGS CONSIDERED
CAL CE	OR CONTRIBUTING CAUSE OF	18. PLACE OF INJURY (e.g., in pme, farm, foctory, street, off c.)	or about 21 C. WHERE DID	(If In Boltimore (	City, give exact location)
	21D-TIME (Month) (Day) (Year) (Hour) 2	E INJURY OCCURRED	21F. HOW DID INJU	JRY OCCUR?	
×	(APPROX.)	Vhile At Not While			
	22. I certify that (I) (this hospital) attended		0) (	972-10	3/53 19/2
	that (1) (we) Jost saw the deceased alive on		/		on death occurred on the date
	ond haur and from the causes stated obove.	(I) (We) (did) (did not) vi	ew the body after deoth.		on the adia
	23A. SIGNATURE	11 0	. /		BR DATE SIGNED
	23C. PHYSICIANS	DEGREE Phys.		Shoff Phys.	3/13/72
	23C. PHYSICIAN'S NAME (Type) JOSEPH	S. BLUH?	3D. ADDRESS		/ /
24 <i>A</i>	KENTO VAL (Specify)	NAME of CEMETERY OF CRES			lown, or county! (State)
7	Burist 3-18-72		FRE	DERICKSBO	UKG, VA.
25A	MAR 17 1972 258 NAME	E. Jaiber M. 8.	25C, FUNERAL DIRECTOR	CH 428 E	ORG, VA.  ADDRESS  NORTH AVE
VS	150-REV. 1/1/6B		1 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7		



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	R-400 BALTIMORI	RE CITY HEALTH DEPARTMENT
	72 02681 CERTIE	FICATE OF DEATH REG. NO. 72 02681
114	BIRTH NO.	2. DATE AND HOUR OF DEATH
110	Type or Print) Boiley (Stella) ESTE	
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Whore deceased lived, If institution; residence before admission)  A. STATE  B. COUNTY
	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREE	11 111 1 1
	HOSPITAL OR ADDRESS OR LOCATION	C. CITY OR TOWN D. INSIDE CITY LIMITS?
	40,1	E. STREET AND NUMBER
	Lutherse Herrital	2203 Wighter to
1	SEX 6. RACE 7. MARRIED NEVER MARRIE	S. DATE OF BIRTH  9. AGE (In years   If Under 1 Ye.   Il Under 24 His.   Months; Doys Hours; Min.
12	Temple NCARO WIDOWED DIVORCE	ED     1 - / - 99   12
	OA, USUAL OCCUPATION (Give kind of work 10 B, KIND OF BUSINESS OR IND	
	Ketired	VA.
1	3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	ALFRED UPSHER	EMMIA BECKETT
l c	5. Wos Deceosed Ever in U. S. Armed Forces?  16. SOCIAL SECURITY NO.	ADDRESS
		WALTER BAILEY JR. 2206 Roslyn Ave
	18. CAUSE OF	DEATH APPROXIMATE INTERVAL BETWEEN ONSET AND GEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	ATE CAUSE C. H. F.
	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. If means the disease,	, OR AS A CONSEQUENCE OF:
1	injury ar camplication which caused death.)	0/
	ANTECEDENT CAUSES (B)	R/O. MI 4 PULMONARY, OR AS A CONSEQUENCE OF: IN FARCT.
	DISEASES OR CONDITIONS, if any, giving DUE TO, or rise to the above cause (A) stating the	OR AS A CONSEQUENCE OF:
	UNDERLYING CONDITION last. (C)	***************************************
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
	TO THE DEATH BUT NOT RELATED TO THE TERMINAL CONTROL OF THE TERMINAL CONTROL O	***************************************
1	19A-DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	N 20A-AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
	21A ACCIDENT WAS UNDERLYING TO 121R PLACE OF INTURY	//07
	OR CONTRIBUTING CAUSE OF home, form, foctory, she	Y (e.g., in or obout 21C. WHERE DID (If in Bolitmore City, give exect location) treet, office bidg., NJURY OCCUR?
100		ED 21F. HOW DID INJURY OCCURY
	(APPROXI) While At   Not	of While
	22. I certify that (H) (this haspital) attended the deceased from.	1 Work   1972 to 3/15/ 1972
	that M'(we) last saw the deceased alive on 3/15	19 12 and that Infant (our) opinion death occurred an the date
	and haur and from the causes stated above. (1) (We) (did) (did)	A shirt of the date
	23A-SIGNATURE	23B, DATE SIGNED
	DEGREE	Attending Med. Stoff Stoff 3/15/72
	23C. PHYSICIAN'S NAME (Type) SEIN LWIN M. D.	23D. ADDRESS
	JEIN AWIN NI. D.	LUTHER AN HOSPITM.
2	REMOVAL (Specify) 24B. DATE 24C. NAME of CEMETERY C	of CREMATORY 24D. LOCATION (City, town, or county) (Stotel
_	Burial 3-16-72 ARBUTUS MI	
	MAR 1 7 1972 John E. Talley M	25G. FUNERAL DIRECTOR ADDRESS MATCH ARCH 928 E NORTH AVE
	160 BEY 17/40	MANICITATE TORING



the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

1	7-500	72	026	82	BALTIMORE CITY CERTIFICA	HEALT	H DEPARTMENT	REG. NO.	72	026	82
	RTH NO. NAME OF DECEASED		<del></del>		CERTIFICA	120					
	pe er Print Cohen	Slace	Vale					AND HOUR OF DEATH		1 //	48 0
3.	PLACE IN BALTIMORE MAR	YLAND, WI	ERE PRON	OUNCE	D DEAD	4. USU A. STA	AL RESIDENCE (V	Where deceased lived. If in	stitutien:	residence	before edmissien)
IN	STITUTION ADDRESS	OR LOCA	TION)		, GIVE STREET		ORTOWN -	Timore D. INSI	DE CITY	LIMITS?	500
R	Sinai Hospin	al of	Ball	. In	C.	E. STRI	ET AND NUMBER	3	YES [	]	NO 🗌
						66	55 San	20 Rd.			
5.	SEX 6. RACE		MARRIE	D N	EVER MARRIED		OF BIRTH	9. AGE (In yeers lost birthdoy)	II Und	er 1 Yr.	If Under 24 Hrs. Hours Min.
		HITE	WIDOWE		DIVORCED [	1-	11-03	60	Nonins	Deys	Min,
dor	USUAL OCCUPATION (Give to during most of working life, eve	kind of werk to n if retired)							12. CIT		WHAT COUNTRY?
13.	HOUSEWIFE FATHER'S NAME		AT	HOM	E		LTIMORE,			USA	
		700						NAME			
15	JOSEPH K HI	Annad Fore	202	114.5	OCIAL		PRA ?				
(Ye	s, ne or unknown! (If yes, give	wor or detes	of service	5	ECURITY NO.		RMANT			ADDRE	
_	NO			216	-52-5915		ELLIS COH	EN, 6655 SANZ	O ROA	AD #2	1209
	DISEASE OR COND		CTLY		CAUSE OF DEATI	1		,			XIMATE INTERVAL
	(This does not mean the heart foilure, asthenia, etc. injury or complication whice	mode of	he diseos	l-, e,	DUE TO, OR AS			aliuganis. Shi	c/C	10	Day
	ANTECEDENT				0 -		70 -			12	20.05
	DISEASES OR CONDITIONS to the obove counderlying condition	use IA)	ny, givin sloling th	g e	DUE TO, OR AS	A CONS	EQUENCE OF:	***************************************		00	093
	ONDEREING CONDITION	e lost			(C)						
ATION	OTHER SIGNIFICANT CONDITION THE DEATH BUT NOT REI	ATED TO THE	ETERMINAL		******************		***************************************		******		<b></b>
RTIFIC	19A. DATE OF OPERATION	WAS PERFO	TION FOR	WHICH	OPERATION	20 A.	AUTOPSY? (Yes er	No. 208, IF YES, WERE F	INDING	S CONSI	DERED
CAL CE	27A. ACCIDENT WAS UNDOR CONTRIBUTING CAUSE DEATH (notify medical exami	RLYING DE OF	ho	B. PLAC ome, form	E OF INJURY (e.g., in n, lactory, street, of	or ebou	21C. WHERE DID	(If in Boltimere	City, gl	ve exect l	ocotion)
MEDI	21D. TIME (Month) (De OF INJURY (APPROX.)	y) (Yeerl	w	E INJU	RY OCCURRED  Net White At Work		21F. HOW DID I	NJURY OCCUR?			
	22. I certify that (1) (this	hospital)				1acch	6	_19 73 to Ma	0-10	13	1972
	that (1) (we) lost saw the	deceased	olive on	m	lasch 12	19	72ond	that latiny) (our) opin			
	ond hour and from the co	uses state	d abave.	(I) (We)	(did) (did nat) vi	ew the	body ofter deat	h.			
	23A. SIGNATURE	lock	m	il.	After Phys	iding _	Med. Director	Staff Phys.	Mar.	TE SIGNE	2,977
	23C. PHYSICIAN'S NAME (Typel	ACK PO	. W			3D. ADD	RESS SINAI		1000	200 / 6	711
24A	BURIAL CREMATION, 24B. REMOVAL (Specify)	DATE	24C.1	AME o	DEGREE CEMETERY OF CRE	MATORY	24 De	LOCATION (Cit	y, town,	er county	(State)
	BURTAL 3	-14-72	HE	BREW	FRIENDSHI			BALTIMORE, MAR			
254	MAR 17 1972	EPP) Re	PAIN	Q REG	200		LEVINSON	BROS.,6010	REI		TOWN ROAD
VS	150-REV. 1/1/68										

- 3 non primare guar, menega i la esperada

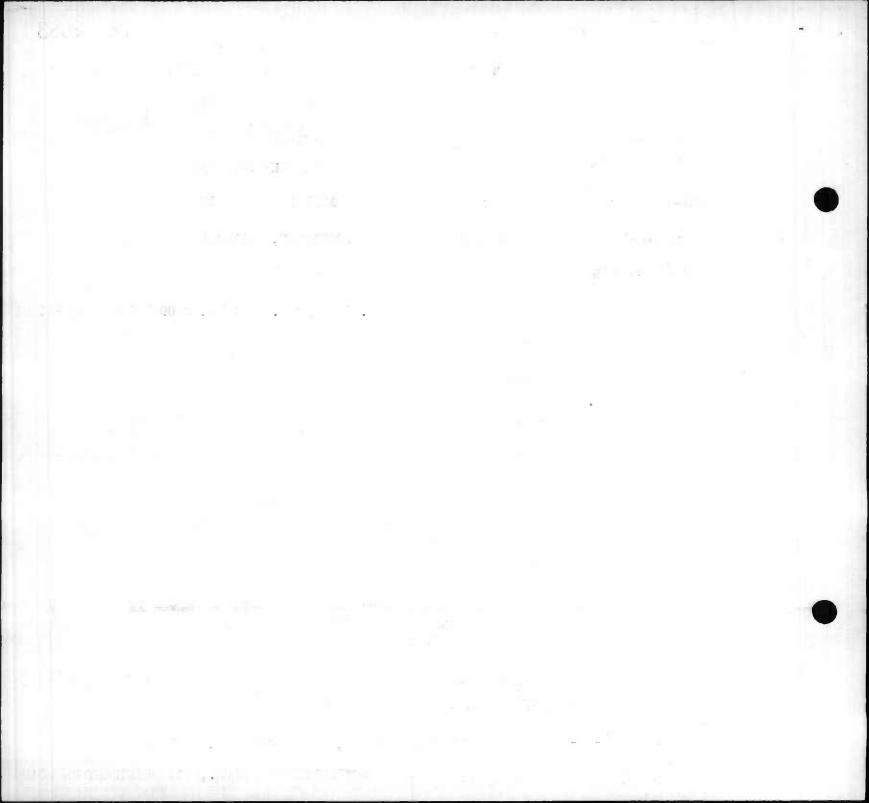
HE MEDISTER SHEET CLOSE SOUTH IN THE REAL PROPERTY OF SECURITIES.

occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such This certificate must be approved by the chief medical examiner or his assistant if death IMPORTANT FUNERAL DIRECTOR:

written

	BALTIMORE CITY	HEALTH DEPARTMENT
	BIRTH NO. 72 02683 CERTIFICA	TE OF DEATH 7 REG. NO. 72 02683
,	1. NAME OF DECEASED (Type or Print)	2. DATE AND HOUR OF DEATH
	PAULINE SUSSMAN  3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	MARCH 12, 1972   5:15 P. M.
		4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)  A. STATE  8. COUNTY
9	FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATIONI	C. CITY OR TOWN
	LEVINDALE HEBREW GERIATRIC CENTER	RANDALLSTOWN
	AND HOSPITAL	E. STREET AND NOMBER
ade.		8. DATE OF BIRTH 9. AGE (In years   If Under 1 Ye. If Under 24 Hrs.
E	Female   WHITE   7. MARRIED   NEVER MARRIED   WIDOWED   DIVORCED	8. DATE OF BIRTH 9. AGE (in years   If Under 1 Ye. If Under 24 Hrs.   4-15-1887 1898
n is	10A. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
<u>•</u>	done during most of working life, even if retired) HOUSEWIFE AT HOME	BALTIMORE, MARYLAND USA
osi	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
disposition	ISAAC BERMAN	LENA ?
=	15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) [If yes, give wor or dates at service)  SECURITY NO.	17. INFORMANT ADDRESS
fi.		MR. STANLEY H. SUSSMAN, 32 <b>69</b> NERAK ROAD #21208
0	18. 4 CAUSE OF DEATH	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ped	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	ACUME PROMOUTAL PARTITIONED PARCE
mbalm	heart failure, osthenia, etc. Il means the disease.	SE ACUTE BRONCHIAL PNEUMONIA DAYS A CONSEQUENCE OF:
d E	injury or complication which coused deoth.)	
0	DISEASES OR CONDITIONS, if ony, giving (B) DUE to, OR AS	A CONSEQUENCE OF:
are	This pent wing continue to	A CONSEQUENCE OF:
in	(9/	***************************************
remains	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
	IO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	***************************************
re the	19A DATE OF OPERATION 198 CONDITION FOR WHICH OPERATION WAS PERFORMED	20A-AUTOPSY? (Yes XKXXX) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
before	218. ACCIDENT WAS UNDERLYING   218. PLACE OF INJURY (e.g., in hame, farm, factory, street, affi	or obout 21 C. WHERE DID III In Rollingto City give event location
	21D-TIME (Manthi (Doy) Neot) [Hous 21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
tained	(APPROX.)  While At Not While At Wark	
opt	22. I certify that (3) (this hospital) attended the deceased from Ma	
e q	that (N (we) lost saw the deceased office on March 12	1972 ond that in the court opinion death occurred on the date
154	and have end from the causes stated above. NX(We) (did) (dixXXXX) vi	ew the body ofter deoth.
E	23A. SIGNATURE	238. DATE SIGNED
2	Control Physics Physic	
approval must be	23C. PHYSICIAN'S NAME (Type) THEODORE R. RELFF, M.D.	LEVINDALE
db	24A. BURIAL CREMATION, 248. DATE /24C. NAME of CEMETERY OF CREA	

BURIAL 3-14-72 BETH HAMEDROSH HAGODOL, ROSEDALE, MARYLAND 1972 Raber 258. NAME OF REGISTRAR 25A. DATE SOE LEVINSON & BROS.,6010 REISTERSTOWN ROAD 1972 VS 150-REV. 1/1/68



(		MALCO /	COOA	BALTIMORE CITY			
BIRTH		72	2684	CERTIFICA	TE OF DEATH		72 02684
	or Print)	NBER	£ 43	XXXXX ANNIE		ID HOUR OF DEATH	
3. PL.	ACE IN BALTIMORE N				4. USUAL RESIDENCE (Whe	e deceased lived. Il i	72 9.11 A. M.
FULL				TION, GIVE STREET	MARYLAND	ITY	2740
IN STI	TUTION ADDI	RESS OR LOCA	TION)		C. CITY OR TOWN	D. INS	IDE CITY LIMITS?
1	inai Hosp.	7 Ba	lpmor	e, he.	E. STREET AND NUMBER		YES NO
I	9	ı	-			rdale Du	ue At B,
5. SE)	FEMALE >	WHITE	WIDOWED		IF / KKKK NAKAKA	9. AGE (In years lost birthday)	Il Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
IOA. U	SUAL OCCUPATION (Gluring most of working life,	sive kind of work	10B KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State of fore	gn country)	12. CITIZEN OF WHAT COUNTRY
	HOUSEWIFE		AT	HOME	LITHUANIA		USA
13. FA	THER'S NAME				14. MOTHER'S MAIDEN NA	ME	
	JACOB JOSEF	H KM KL	OMPUS		MENUCHA RIFI	CIN	
5. We	o or unknown) (t) yes, give	S. Armed Fore	es?	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
	NO				MDS ADA CEDT7	3/00 CIEN	AVE, ., APT.D #21215
18	4217	4-0	403	CAUSE OF DEATH	H ADA GLATZ	J403 GLEN	APPROXIMATE INTERVAL
	DISEASE OR CO		ECTLY		Car a la	0. 0	BETWEEN ONSET AND DEATH
10	LEADING   This does not mean	TO DEATH	dvina e a	(A) IMMEDIATE CAU	SE Cerebro - Vancu A CONSEQUENCE OF:	vis ueu	3 days.
h	eart foilure, asthenia,	elc. It means	the disease,				
"		ENT CAUSES	deolu")	artere	maleratic as	scular dece	an
1	SEASES OR COND		ny divina		A CONSEQUENCE OF:		sev. years
ri	se to the abave	cause (A)	stoling the				
-	INDEKLING CONDIT	ION IOSI.		(c)	***************************************		
EIT	THER SIGNIFICANT CON THE DEATH BUT NOT ISEASE OR CONDITION	RELATED TO TH	E TERMINAL	Dial	leter mellipes		
	A-DATE OF OPERATIO	N 19B COND		III COLONIA DE LA COLONIA DE L			sev. yrs.
	)	WAS PERFO	DRMED	HICH OPERATION	20A. AUTOPSY? (Yes or No	208. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
. 0	A. ACCIDENT WAS UP R CONTRIBUTING C.	NDERLYING AUSE OF	ORMED	PLACE OF INJURY (e.g., i	20A. AUTOPSY? (Yes of No n of obout 21C, WHERE DID fice bidg., INJURY OCCUR?	IN CERTIFYING CA	
DICAL 21	EATH (notify medical ex	NDERLYING AUSE OF	218. F home etc.J	PLACE OF INJURY (e.g., in, form, foctory, sheet, of	n of obout 21C, WHERE DID injury occur?	(If In Bollimo	FINDINGS CONSIDERED USES OF DEATH?
WEDICAL ON DO	EATH (notify medical ex	NDERLYING AUSE OF	218. F home etc.J	PLACE OF INJURY (e.g., in, form, foctory, street, of INJURY OCCURRED  At Not While	n or obout 21C, WHERE DID injury occur?	(If In Bollimo	FINDINGS CONSIDERED USES OF DEATH?
MEDICAL TO CA	D.TIME (Month) F INJURY	NDERLYING AUSE OF Kamined	218. F home, etc.J (Hour) 21E. I While Work	PLACE OF INJURY (e.g., in form, foctory, street, of INJURY OCCURRED  At Work  deceased from	n of obout 21C, WHERE DID in Since bidg. INJURY OCCUR?	(If In Bollimo	FINDINGS CONSIDERED USES OF DEATH? re City, give exoct locotion)
WEDICAL 200 CA 210 CA 2	D.TIME (Month) F INJURY APPROX.)	NDERLYING AUSE OF Ramined (Poyl (Yeon)	218. F home etc.) (Hour) 21E. I While Work	PLACE OF INJURY (e.g., in form, foctory, street, of INJURY OCCURRED At Work and deceased from	n ot obout 21C, WHERE DID fice bidg, INJURY OCCUR?  21F. HOW DID INJ	URY OCCUR?	FINDINGS CONSIDERED USES OF DEATH?  TO City, give exact location)
WEDICAL 22	D.TIME (Month) FINJURY APPROX.)  2. I certify that (I) (that (I) (we) last saw	NDERLYING NAUSE OF AUSE OF Ause of (Doyl (Yeon) this hospital)	218. F home etc.) (Hour) 21E. (While Work) attended the	PLACE OF INJURY (e.g., in form, foctory, street, of INJURY OCCURRED  e At Not While At Work  deceased from	n ot obout 21C, WHERE DID fice bidg, INJURY OCCUR?  21F. HOW DID INJ	URY OCCUR?	FINDINGS CONSIDERED USES OF DEATH?  TO City, give exact location)
WEDICAL 22 11	D.TIME (Month) FINJURY APPROX.)  2. I certify that (I) (that (I) (we) last saw	NDERLYING NAUSE OF AUSE OF Ause of (Doyl (Yeon) this hospital)	218. F home etc.) (Hour) 21E. (While Work) attended the	PLACE OF INJURY (e.g., in, form, foctory, street, of INJURY OCCURRED  e At Not While At Work  deceased from 3 - / 3  (We) (did) (did not) v	21F. HOW DID INJ	URY OCCUR?	FINDINGS CONSIDERED USES OF DEATH?  THE City, give exect location)  19 7 2  Inlan death occurred on the date
WEDICAL 22 11	D.TIME (Month) FINJURY APPROX.)  2. I certify that (I) (that (I) (we) last saw and have and from the	NDERLYING NAUSE OF AUSE OF Ause of (Doyl (Yeon) this hospital)	218. F home etc.) (Hour) 21E. (While Work) attended the	PLACE OF INJURY (e.g., in, form, foctory, street, of INJURY OCCURRED  e At Not While At Work  deceased from 3 - / 3  (We) (did) (did not) v	21F. HOW DID INJ	URY OCCUR?	FINDINGS CONSIDERED USES OF DEATH?  THE City, give exact location)  3 - /3 19 7 2  Inlan death accurred on the date
WEDICAL 21 21 21 23	D.TIME (Month) FINJURY APPROX.)  2. I certify that (I) (that (I) (we) last saw and hour and from the A.SIGNATURE  HAMALA C.PHYSICIAN'S	NDERLYING NAUSE OF AUSE OF Ause of (Doyl (Yeon) this hospital)	218. F home etc.) (Hour) 21E. (While Work) attended the	PLACE OF INJURY (e.g., in form, foctory, street, of INJURY OCCURRED  At Mork  deceased from  3 - / 3  (We) (did) (did not) v  The focase Phys	21F. HOW DID INJ  22F. HOW DID INJ	URY OCCUR?	FINDINGS CONSIDERED USES OF DEATH?  THE City, give exact location)  19 7 2  Inlan death accurred on the date  23B, DATE SIGNED
WEDICAL 21 21 21 23	D.TIME (Month) FINJURY APPROX.) 2. I certify that (I) (that (I) (we) last saw and hour and from the A. SIGNATURE  HUMANAM	NDERLYING NAUSE OF AUSE OF Ause of (Doyl (Yeon) this hospital)	218. F home etc.) (Hour) 21E. (While Work) attended the	PLACE OF INJURY (e.g., in form, foctory, street, of INJURY OCCURRED  At Mork  deceased from  3 - / 3  (We) (did) (did not) v  The focase Phys	21F. HOW DID INJ  4	URY OCCUR?	FINDINGS CONSIDERED USES OF DEATH?  TO City, give exact location)  19 72  Inlan death accurred on the date  23B, DATE SIGNED  3//3/72
WEDICAL 21 21 23 23 24A. 1	D.TIME (Month) FINJURY APPROX.)  2. I certify that (I) (that (I) (we) last saw and hour and from the A. SIGNATURE  HALLANGE NAME (Type) Veneran da	NDERLYING NAUSE OF AUSE OF Ause of (Doyl (Yeon) this hospital)	(Hour) 21E. I While Work of alive oned above. (I)	PLACE OF INJURY (e.g., in form, foctory, street, of INJURY OCCURRED  At Mork  deceased from  3 - / 3  (We) (did) (did not) v  The focase Phys	21F. HOW DID INJ  23 - //  19	IN CERTIFYING CA  (If In Bollimon  URY OCCUR?  19 72 to  or In (my) (our) apl  Shoff Phys.	FINDINGS CONSIDERED USES OF DEATH?  TO City, give exect location)  19 72  Inlan death accurred on the date  23B, DATE SIGNED  3//3/72
23 23 24A- 1	D.TIME (Month) FINJURY APPROX.)  2. I certify that (I) (t) and (I) (we) last saw and hour and from the A. SIGNATURE  FUNDAME (Type) VENERAL CREMATION, REMOVAL (Specily) BURIAL	NDERLYING AUSE OF comined (Doyl (Yeon)  this hospital) the deceased causes state  C. G.  24B. DATE  3-14-72	(Hour) 21E   While Work  attended the dalive an address of the control of the con	PLACE OF INJURY (e.g., in, form, foctory, street, of INJURY OCCURRED  At Work  a deceased from  3 - / 3  (We) (did) (did not) v  The focuse Phys  10 M. Chaperer	n of obout 21C, WHERE DID fice bidg., INJURY OCCUR?  21F. HOW DID INJ  2 7 2 and the lew the body after death.  Inding Med.  Director 22D. ADDRESS  Amai How	IN CERTIFYING CA  (If In Bollimon  URY OCCUR?  19 72 to  or In (my) (our) apl  Shoff Phys.	FINDINGS CONSIDERED  USES OF DEATH?  TO City, give exoct locotion)  3 - /3 19 72  Inlan death accurred on the date  23B, DATE SIGNED  3 //3 /72  ### Decay  Ity, town, or countyl (Stole)
223 23 24A- 1	D.TIME (Month) F INJURY APPROX.)  2. I certify that (I) (the standard of the s	NDERLYING AUSE OF Commined (Doyl (Yeon)  this hospital) the deceased causes state  C. J.	(Hour) 21E   While Work  attended the dalive an address of the control of the con	PLACE OF INJURY (e.g., in form, foctory, street, of injury occurred at Work at	21F. HOW DID INJ  22F. HOW DID	IN CERTIFYING CA  (If In Bollimon  URY OCCUR?  19 72 to  ot In (my) (our) apl  Stoff Phys.   CATIMORE, MAI	FINDINGS CONSIDERED  USES OF DEATH?  TO City, give exact location)  3 - /3 19 72  Inlan death accurred on the date  23B, DATE SIGNED  3 //3 /72  ### Decay  Ity, town, or county! (State)

5901 DOVERDALE DR

CORINNE

SHARE

		4		1	
and	eath	peso	the	sysician was in regular attendance on the deceased prior to death. Such	
oital	of de	Deced	0 OU	ath.	
l hos	1050	; (5)	danc	o dec	
d in a	ng cc	canse	atten	ior t	3
Urrec	ributi	ined	ular	d pe	nade.
h occ	confi	eterm	Ber u	50000	n is n
deal	ct or	Ond (	Vas II	he de	ositio
ant il	dire	d; (4)	ath v	on t	disp
assist	if the	ny kin	de de	ance	r fina
chief medical examiner or his assistant if death occurred in a hospital and	VISO,	Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	the physician who pronounced death was in regular attendance on the	ittend	e the remains are embalmed or final disposition is made.
ner o	10r. /	acture	pron	lar a	nbaln
xami	Kamir	A fre	who	regu	are er
lical e	cal ex	ns; (3)	ician	as in	ains
f med	medi	y bur	phys	ian w	e rem
chie	7 0	Bod	the	ysic	e th

1	BALTIMORE CITY HEA	LTH DEPARTMENT
5565	72 02685 CERTIFICATE	
of deat of deat Decease on th	(Type of Pant) Corinne, Sharfatz	3/13/72 4 10 Pm.
hosi 156 (5) and dec	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)	ISUAL RESIDENCE (Where deceased lived, If institutions residence before admission)  Ad. Balto  ITY OR TOWN  D. INSIDE CITY LIMITS?
d in a cause cause attentrior to	DIL ILLE HASP	Raltimore YES NO   TREET AND NUMBER 1190 Warthern Phys. APT. 229
ntribut rmined egular ased p	FEMALE WIDOWED DIVORCED	ATE OF SIRTH  9. AGE (In years If Under 1 Ye. If Under 24 Hrs. Months Days Hours Min.
or co or co Indete s in r dece		AMPTON, VIRGINIA  MOTHER'S MAIDEN NAME
(4) U (4) U wa wa the ispos	PHILIP B. SHERMAN	GITA LEVY
ista he kind deal ce o	[(Yes, no or unknown)] (If yes, give war or dates of service)   SECURITY NO.	BELVEDERE TOWERS, APT. 229  GEORGE SHARFATZ, 1190 W. NORTHERN PKWY. #10
f ar	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	Between onset and Death
ture ar at	(This does not mean the mode of dylng, e.g., heart failure, asthenia, etc. it means the disease, injury or complication which caused death.)	NEEQUENCE OF:
examine examine (3) A fragen who pin reguls sare em	ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) staling the UNDERLYING CONDITION last.  (8) Metas to DUE TO, OR AS A CONDITION last.	INSEQUENCE OF:
medical berns; bysicia n was remain		
the sice	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  19A-DATE OF OPERATION WAS PERFORMED WAS PERFORMED  121A ACCIDENT WAS UNDERLYING 1 (218 PLACE OF INJURY (e.g. in or	OA-AUTOPSYT (Yes of No.) 208, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
	OR CONTRIBUTING CAUSE OF home, form, foctory, street, office to DEATH (notify medical examined	bout 21 C. WHERE DID (II In Baltimore City, give exact location)
hosp ature pt v (6)	OF INJURY (Month) (Doyl (Year) (Hour) 21E INJURY OCCURED While At Not While At Work	21F. HOW DID INJURY OCCUR?
any any (exc	22. I certify that (1) (this hospital) attended the deceased from that (1) (we) last saw the deceased alive on 3/3	19 7 Lta 3/17/7 19 7 Lta 19 Rta 19 7 Lta 19 7 Lt
eased ident o nospita death must i	and hour and from the causes stated above (i) (We) (did) (did nat) view  23A. SIGNATURE  Attending	23B, DATE SIGNED
200 acc	NAME (Type) M. R. PETRACEK	THE JOHNS HOPKINS HOSPITAL
Sod D.O D.O Gase	BURIAL 3-14-72  24G. NAME of CEMETERY of CREMATE  3-14-72  MIKRO KODESH	BOWLEYS LANE, BALTIMORE, MARYLAND
the b show was dece	25A, DATE REC'D BY HEALTH DEPT. 25B, NAME OF REGISTRAY  VS 150-REV. 7/1/68	SC. FUNERAL PIRECTOR  FOL LEVINSON & BROS., 6010 REISTERSTOWN ROAD

다 보니다 된 그 모양하다

CORP. TO THE STREET STREET

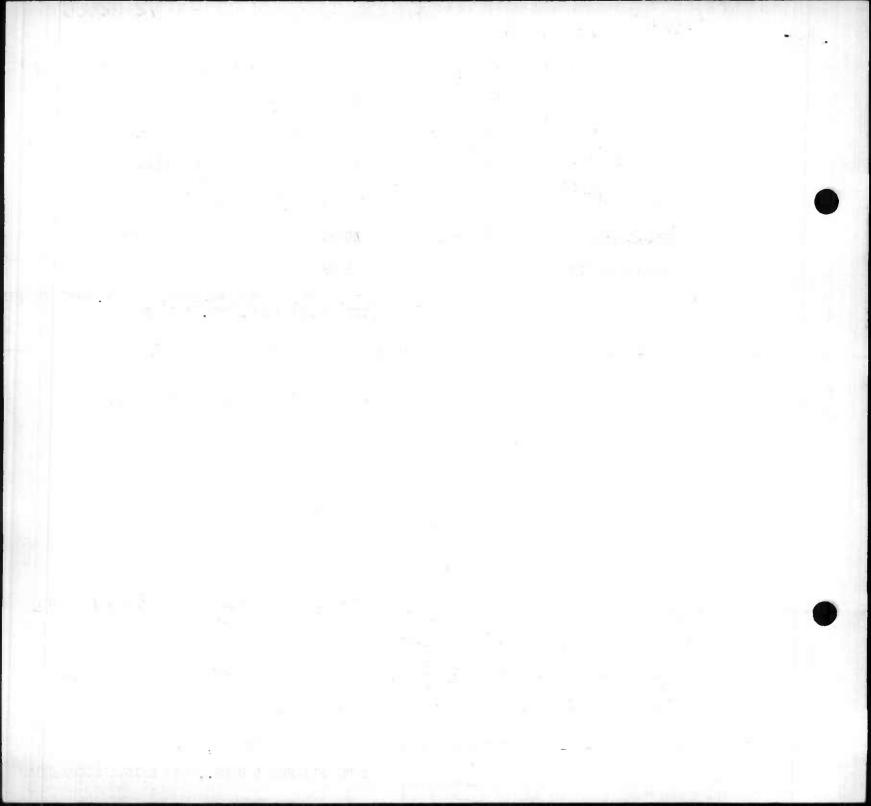
Talling pigg. Sold a range to the te-

#### IMPORTANT FUNERAL DIRECTOR:

the chief medical

approved

72 02686 BALTIMORE CITY HEALTH DEPARTMENT 72 02686 CERTIFICATE OF DEATH REG. NO. 929 of death (4) Undetermined cause; (5) Deceased Such I. NAME OF DECEASED (Type or Print) 0 YIM a hospital eath. 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceosed lived, Il institution reside ance or contributing cause (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) HOSPITAL OR attend 9 C. CHY OR TOWN D. INSIDE CITY LIMITS? timore NO prior E. STREET AND NUMBER 003 regular mad 5. SEX deceased 8. DATE OF BIRTH 9. AGE (In years MARRIED NEVER MARRIED X If Under 1 Yr. Months! Days If Under 24 His. Hours WIDOWED DIVORCED disposition is 10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or lareign country) done during most of working life, even if retired) 12. CITIZEN OF WHAT COUNTRY? 2 None CXXXXX NONE **EGYPT** USA M ds the 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ANGELO NEGRIN SIMCA death 0 15. Was Deceased Ever in U. S. Armed Forces? (Yes, nogor pinknown) (III yes, give wor or dates of service) HEBREW FREE BURIAL SOCIETY, c/o MR. MOSE MORRIS 6. SOCIAL or final SECURITY NO. attendance 3737 CLARKS LANE, APT. 101 \$21215 any pronounced CAUSE OF DEATH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY embalmed fracture of LEADING TO DEATH (This does not meon the made of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF: heart failure, asthenio, etc. It means the disease, regular injury or complication which caused deoth.) tic Carlievascula Decese ANTECEDENT CAUSES who are DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS A CONSEQUENCE OF rise to the obove cause (A) stoling the ල physician obtained before the remains UNDERLYING CONDITION last. burns; Was Ш CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). physician Body 19A-DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED where the 20A. AUTOPSY? (Yes or No) 208 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (25 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF nature; (2) 21B. PLACE OF INJURY (e.g., in ar obout 21C. WHERE DID home, farm, factory, street, office bldg., INJURY OCCUR? (II in Baltimare City, give exact lacation) to the hospital MEDICAL å DEATH (notily medical examined OF INJURY (Month) (Day) (Year) 9 (Hour) 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? (except ; and (6) Not While While At (APPROX) Work At Work any 22. I certify that (1) (this hospital) attended the deceased from that (M) (we) last saw the deceased alive an pe and that in (aur) opinion death accurred on the date death) hospital and hour and from the couses stated abave (1) (We) (did) (did not) view the body after death. was released must accident 23AL SIGNATU Attending [ prior to Med. Staff written approval Phys. 8 23C. PHYSICIAN'S NAME (Type) 23D. ADDRESS ā An Joshua D.O.A. 24A. BURIAL CREMATION, 24B. DATE deceased 24C. NAME of CEMETERY of CREMATORY he body 24D. LOCATION (City, town, or county) (State) shows: 3 - 15 - 72BALTIMORE HEBREW BALTIMORE, MARYLAND 25A. DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR 25CI FUNERAL DIRECTOR ADDRESS SOL LEVINSON & BROS., 6010 REISTERSTOWN ROAD VS 150-REV. 1/1/68

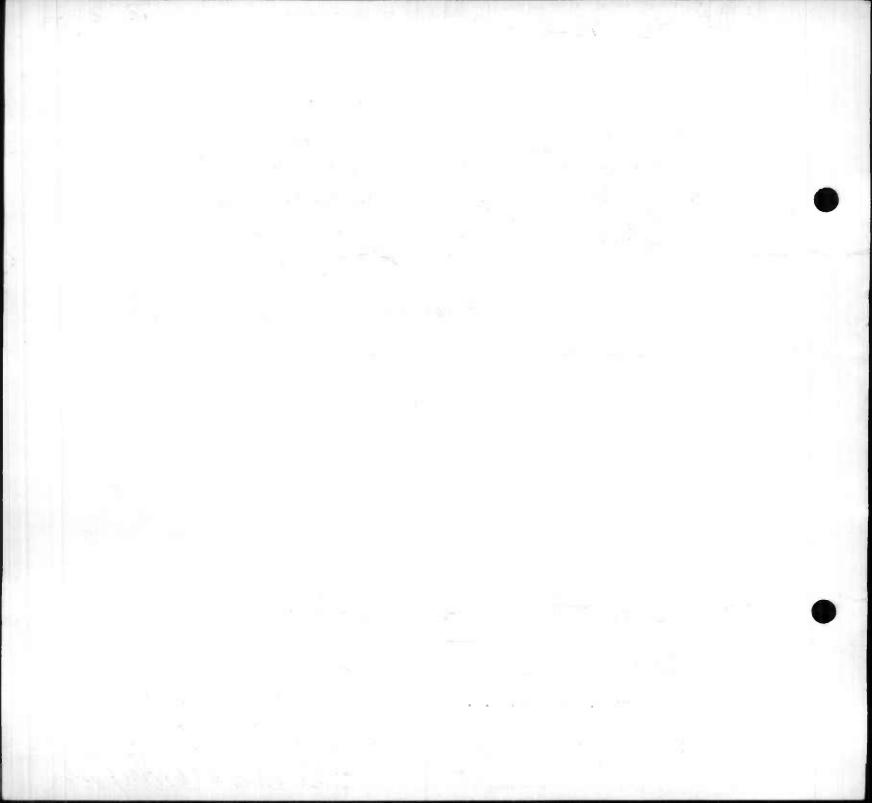


This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death). Such written approval must be obtained before the remains are embalmed or final disposition is made.

1	552 72 0	2687 CERTIFICA	HEALTH DEPARTMENT	X REG. NO	72 02687
1.8	AME OF DECEASED	enninasel	2. DATE AN	ID HOUR OF DEATH	
3.	PLACE IN BALTIMORE, MARYLAND, WHERE PI		4. USUAL RESIDENCE (TVhe	deceased lived, If in	stitution: residence before admission)
FU HC IN:	LL NAME OF (IF NOT IN HOSMTAL OR I SMTAL OR ADDRESS OR LOCATION)	NSTITUTION, GIVE STREET	A. STATE B. COUN C. CLIY, OR TOWN	Anne A	TANGLE CITY LIMITS?
	Md. General Hosp	P	E. STREET AND NUMBER	in St.	YES NO
5. \$	EX 6. RACE / 7. MAR	RIED NEVER MARRIED	B. DATE OF BIRTH	% AGE (In years	If Under 1 Ye, If Under 24 Hrs.
104		WED DIVORCED	7/28/04	lost birthdoy)	Months Doys Hours Mine
don	during most of working life, even if refired)	hauffeur - Retir	, , , , , , , , , , , , , , , , , , ,		12. CITIZEN OF WHAT COUNTRY?
13.	TATHER'S NAME		14. MOTHER'S MAIDEN NAM		- OOA
	Jacob Henningse	n	Mota	Behrens	
15. (Ye:	Vas Deceased Ever in U. S. Armed Forces? ,na of unknown)[(if yes, give war of dates of sen	vice) 1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
	No I	21309 6632	Wife - Emily H	lenningsen 🖚	same as 4
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	Probable Meta	static Care	to smortis	BETWEEN ONSET AND DEATH
	(This does not mean the mode of dying, heart failure, astheria, etc., it means the disinjury or complication which caused death.)	egs. QA) IMMEDIATE CAU	SE A CONSEQUENCE OF:		. 10
	ANTECEDENT CAUSES	(9)			
	DISEASES OR CONDITIONS, if any, grise to the above couse (A) stating UNDERLYING CONDITION last.	iving DUE 10, OR AS the (C)	A CONSEQUENCE OF:		
CATION	11 OTHER SIGNIFICANT CONDITIONS CONTRIBUT TO THE DEATH BUT NOT RELATED TO THE TERMI	ING NAL			
ERTIFIC/	DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A DATE OF OPERATION 19B CONDITION WAS PERFORMED	FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No	208, IF YES, WERE IN CERTIFYING CAL	INDINGS CONSIDERED
CALC	21A. ACCIDENT WAS UNDERLYING DON CONTRIBUTING CAUSE OF DEATH (notify medical examined)	216.PLACE OF INJURY (e.g., in home, form, foctory, street, off etc.)	or obout 21 C. WHERE DID	(II In Boltimore	City, give exoct location)
W	21D.TIME (Month) (Doy) (Year) (Hour) OF INJURY (APPROX)	21E INJURY OCCURRED  While At Not While Work  Not While At Work	21F. HOW DID INJU	JRY OCCUR?	
	22. I certify that (1) (this hospital) attend		3/6/72 1	9103	113 1972
и і	that (1) (we) lost sow the deceased alive	the second of th		it in (my) (our) opin	ilon deoth occurred on the date
	ond hour and from the causes stated above 23A. SIGNATURE!	ve. (1) (We) (dld) (did not) vi	ew the body ofter death.		
	Willard 8. (MOS)	DEGREE Phys.	Med. Director	Stoff Phys.	3/13/7 2
	NAME (Type) 11 AYD PAN	C. NAME OF CEMETERY OF CREE	Md. Gener	CAL NOSP	Batta Man
	REMOVAL (Specify)				
25A		Meadowridge Memo	250 FUNERAL DIRECTOR		ADDRESS en Burnie, Md.
VS	50-REV. 1/1/68	<b>W</b> .		, , ,	2021209 100

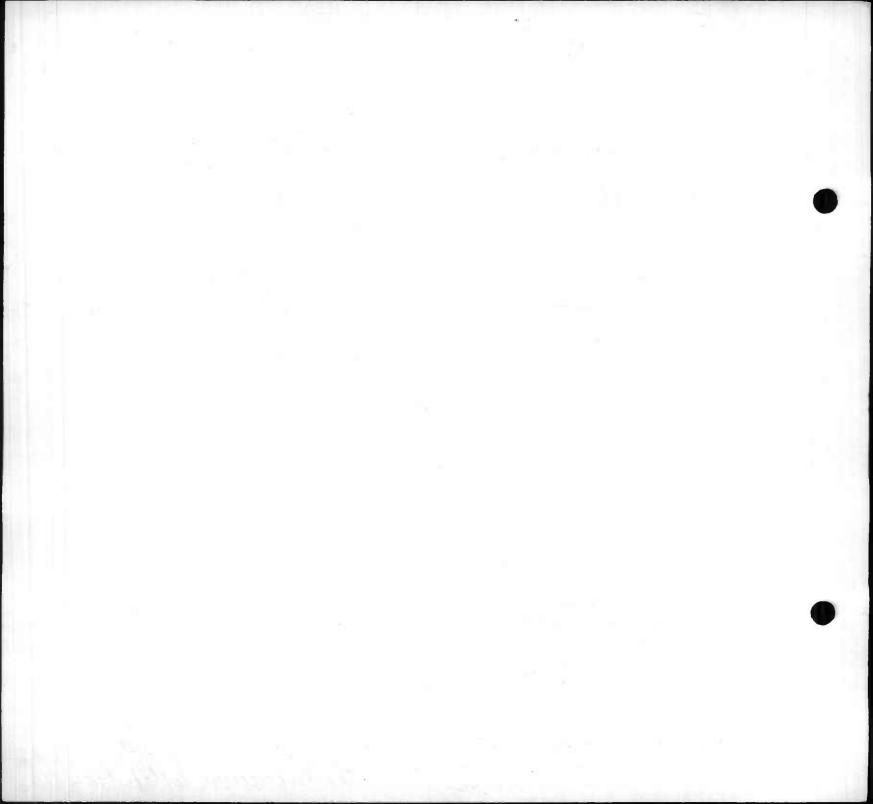
e de la companya de l

1	4-200 BALTIMORE CITY HEALTH DEPARTMENT 72 02688
sed the the	BIRTH NO. CERTIFICATE OF DEATH REG. NO.
0 0 0	1. NAME OF DECEASED (Type or Print) HOZEY, HOWARD  2. DATE AND HOUR OF DEATH  3/12/72 15'2' PM
hospital ise of c (5) Dece ance or death.	3. PLACE IN BALTIMORE MARYLAND, WHERE PRONOUNCED DEAD  4. USUAL RESIDENCE AWhere deceased lived. If institution: residence before admission)  A. STATE  B. COUNTY
a hosp ause e; (5) ndance o dea	HOSPITAL OR ADDRESS OF LOCATION OF STREET
O S E	HOUSE IN The Pines Belfie Phildelphia
n a ca a	5837 Bel Aire Rd. E. STREET AND NUMBER
5 2 9 5	5. SEX   6. RACE   7. MARRIED   NEVER MARRIED   8. DATE OF BIRTH   9. AGE (In veris   If Under 1 Ye. If Under 24 Hrs.
occurred ontributi ermined regular eased pr	WIDOWED N DIVORCED 12/15/1886 Ides Dirindoy) Months Doys Hours
00-6-	10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country)  112. CITIZEN OF WHAT COUNTRY?
if death rect or c (4) Under was in the dec	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME
	no (unknown
00000	15. Was Deceased Ever in U. S. Armed Ferces? (Yes, no or unknown) [Ilf yes, give wor or doles of service)  16. SOCIAL SECURITY NO.
ssiss th kin d fin	197-03-1062 HD Valacio 6/32 Auster
his as so, if of any unced lenda	DISEASE OR CONDITION DIRECTLY  CAUSE OF DEATH  APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
Also, i	LEADING TO DEATH  (A) IMMEDIATE CAUSE Interior Construent Driver year
	IThis does not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease, injury ar camplication which caused death.)
miner. fractu to pro gular emba	ANTECEDENT CAUSES TO COMMENT CONT.
examiner. 3) A fracturer. who propression regular.	DISEA SES OR CONDITIONS, if any, giving inse to the above cause (A) stating the
= 0 = 8	UNDERLYING CONDITION last (C)
edic dicc Jrns ysic wa	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
y b ph ian	TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).    1994 DATE OF OPERATION   1996 CONDITION FOR WHICH OPERATION   2004 AUTOPSY? (Yes of No.) 208. IF YES, WERE FINDINGS CONSIDERED
chief m by a me body bu the phy tysician	WAS PERFORMED IN CERTIFYING CAUSES OF DEATH?
4-25-05	21A. ACCIDENT WAS UNDERLYING   21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, foclory, street, office bldg., INJURY OCCUR?  21A. ACCIDENT WAS UNDERLYING   21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, foclory, street, office bldg., INJURY OCCUR?
0 4 5 D	21D.TIME (Month) IDoyl (Yeo) (Heur) 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR?
2 - 200	Work At Work
d t c o d	22. I certify that (I) (fitte heapital) attended the deceased from
교수수를 준회	that (1) (we) last saw the deceased alive an
ust be based dent deat must	23A. SIGNATURE 23B. DATE SIGNED
	Altending Med. Stoff Director Phys. 3/13/22
y was related was related.  1) An accided at a back approval	23C. PHYSICIAN'S NAME (Type)  Albert B. Bradley, M.D.  23D. ADDRESS 4900 Belair Road 21206
	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (Sport of county) (Stote)
This certification of the body shows: (1) was D.O. deceased written a	25A. DATE REC'D BY HEALTH DEPT.  25B. NAME OF REGISTRAR    25C. FUNERAL DIRECTOR)
This the show was deco	ADDRESS OF A CO. 2 C.



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1	BALTIMORE CI	TY HEALTH DEPARTMENT	
B	72 02689 CERTIFIC	ATE OF DEATH REG. NO. 72	2689
	NAME OF DECEASED	2. DATE AND HOUR OF DEATH	815
3.	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, If institution:	residence before admission)
F	OLL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	A. SIAMULE B. COUNTY	807
16	STITUTION	C. CITY OR TOWN  D. INSIDE CITY YES  YES	IMILS?
	Gould hur Amer	E. STREET AND NUMBER 1743 Oliver St.	ı NO []
5.	6. RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED	8. DATE OF BIRTH 9. AGE (in years 79 If Und Months	or 1 Yr. If Under 24 His. Doys Hours Min.
10	LUSUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTI	RY 11. BIRTHPLACE (State or foreign country) 12. CIT	ZEN OF WHAT COUNTRY?
	hme -	ma.	
13	FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
1.5. (Y.	Was Deceased Ever in U. & Armed Forces? s,no or unknown) (III yes, give war or dates at service)  16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
	SECORIT NO.	Roleun Culest 400	1 Red was
	18. 4 CAUSE OF DEA	TH C	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	(It. 1 - Ci. D.	
	(This does not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or camplication which caused death.)	S A CONSEQUENCE OF:	
	ANTECEDENT CAUSES	1'1 G.F. 1 .	
		S A CONSEQUENCE OF:	gran
	rise to the above cause (A) stating the UNDERLYING CONDITION tast, (C)	***************************************	
	II O		
OIT	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL	Browni Anala	13m
CERTIFICATION	DISEASE OR CONDITION GIVEN IN PART 1 (A).  19A-DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A AUTOPSY? (Yes of No.) 20B, IP YES, WERE FINDINGS IN CERTIFYING CAUSES OF	CONSIDERED DEATH?
CAL CE	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)	in or about 21 C. WHERE DID (II In Boltimore City, gladfice bldg., INJURY OCCUR?	re exoct location)
MEDI	21D. TIME (Manthi (Doy) (Yearl (Haus) 21E, INJURY OCCURRED OF INJURY (APPROX.)  While At Not Who wh At Work	21F. HOW DID INJURY OCCUR?	
	22. I certify that (1) (this hospital) attended the deceased from	1/3/ 19 22 to 3	1/13/ 1072
	that (I) (we) last saw the deceased alive an	3/ 19.72 and that in (my) (ear) apinian dea	th occurred an the date
	and haur and from the causes stated above. (1) (We) (dld) (dd++)		
	23A. SIGNATURE		E SIGNED
	DEGESE Ph		13/12
	23C. PHYSICIAN'S NAME (Typel	23D. ADDRESS	
24	DEGREE  DESCRIPTION, 24B. DATE / 24C, NAME of CEMETERY OF C		
1	REMOVAL (Specify) 3/7/7	REMATORY 240. LOCATION (City, lown-	caunty) (State)
25.	DATE REC'D BY HEALTH DEPT. 258 NAME OF REGISTRAR	25C. FUNESAL, DIJECTOR	Agoress Rd
	TO STATE OF THE PARTY OF THE PA	Millmany (006)	Harford



VS 1S1-REV. 1/1/68

1 72 02690	BALTIMORE CITY HE EXAMINER'S	ALTH DEPARTMENT		*	72 02690
BIRTH NO. MEDICAL	EXAMINER'S	CERTIFICATE	OF DEAT	H REG. NO.	2 52030
1 NAME OF DECEASED	NDS (DEMINDS)	2. DATE Knawn OF DEATH Estimate	_ 1	15. 1972	Year Haur 3:50 P. M.
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRO		3. DATE PRONOUNCED DE	Month AD Month	,	Year Haur 3:50 P.
FULL NAME OF (IF NOT IN HOSPITAL OR INSTI HOSPITAL ADDRESS OR LOCATION) OR INSTITUTION	TOTION, GIVE STREET	5. USUAL RESIDENCE	March	15, 1972	М.
48 Maryland General Hos	- v	A. STATE Mary:		B. COUNTY	1402
	ED NEVER MARRIED	C. CITY OR TOWN		D. INSIDE CITY LI	
Female Negro widowi			imore	YES 2	NO 🗆
12-15-86 (lost birthday)	If Under 1 Yr. If Under 24 Hrs. Manths Days Haurs Min.	E. STREET AND NUM 1419	Myrtle Av	renue	
11. BIRTHPLACE (State or foreign country)  Baltimore, Md.	2. CITIZEN OF WHAT COUNTRY?	13. FATHER'S NAME  John Ed	wards		
14A. USUAL OCCUPATION (Give kind of wark 14B. KIND dane during mast of warking life, even if retired)	OF BUSINESS OR INDUSTRY				
distribution of the control of the c		Lucy E	dwards		
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, na ar unknawn) (If yes, give war ar dates of service)	17. SOCIAL SECURITY NO.	1B. INFORMANT			ss Apt 615
N?a N/A		Mrs. Viola	Hawkins	1102 Drui	HIII Ave
DISEASÉ OR CONDITION DIRECTLY LEADING TO DEATH  (This does not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease, injury ar camplication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	DUE TO, OR A	Conflag AS A CONSEQUENCE OF:	ration		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO THE TERMIN DISEASE OR CONDITION GIVEN IN PART 1 (A).  20A. DATE OF OPERATION 20B. CONDITION F	NG Arterioscle	erotic cardio	vascular o	lisease	
20A. DATE OF OPERATION 20B. CONDITION F	OR WHICH OPERATION W	AS PERFORMED		21.	AUTOPSY? (Yes ar Na)
					No
UNDERLYING OR CONTRIB-	2B PLACE OF INJURY(e.g., name, farm, factary, street, affic HOME	e bldg., etc.) INJURY OC	cur? Myrtle Ave	enue / 4	ation)
22D. TIME (Manth) (Day) (Year) (Hour) OF INJURY (APPROX.) 3-14-72 9:30 P.	WHILE AT NOT NOT WORK AT W		in room v		ng mattress
l certify that I held on Inquiry	Inspection X Au	topsy ond tha	it on this basis,	deoth in my opin	lon
resulted from: Natural causes	Accident X Suicio	de Homicide	Undetermi	ned monner 🗌	
ACTUAL Charles S.	Saringate M.D		DICAL EXAMINER		DATE SIGNED
	pringate, M.D.	ASSOCIATE MED	DICAL EXAMINER	□ March	16, 1972
24A. BURIAL CREMATION, REMOVAL (Specify)	24C. NAME of CEMETERY	or CREMATORY	24D. LOCATION		
Burial 3-18-72	Mt. Calvery C			ore, Maryla	
2SA. DATE REC'D BY HEALTH DEPT. 25B. NA	ME OF REGISTRAR	2SC. FUNERAL I	DIRECTOR	ADDRI	ESS

2SC. FUNERAL DIRECTOR ADDRESS

Morton & Dyett F. H. 1701 Laurens St.

all all the real 1 1 1 1 1 · I July rc. il rkn ll ru il v ערן בריי בין די די די הידרי בין בריי בין די הידרי בין בריים בין בין בריים בין בין בריים בין בין בריים בין בין הי orten votes. . Pallur n t.

the of death (4) Undetermined cause; (5) Deceased no hospital death. ance COUSE attend 0 5 prior or contributing occurred is made. in regular deceased death disposition Was the assistant HO death kind; final attendance any pronounced 9 embaimed fracture of chief medical examiner examiner. regular who the remains are 4 ල E physician Was medical burns No physician Body the 0 before the any nature; (2) where to the hospital approved by be obtained 9 (except ; and (6) leath); accident of hospital was released must must D 0 approval 0 prior ŧ An

eceased

O

the body was D.O.

shows:

72 02691 BALTIMORE CITY HEALTH DEPARTMENT 15-163 BIRTH NO. 72 02691 CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE AND HOUR OF DEATH 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived, If institution; res A. STATE B. COUNTY (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) FULL NAME OF HOSPITAL OR C. CITY OR TOWN D. INSIDE CITY LIMITS YES 🔯 NO E. STREET AND NUMBER 5. SEX 6. RACE 8. DATE OF BIRTH 9. AGE Ain years lost bishdoy If Under 1 Yr. Months Days MARRIED NEVER MARRIED If Under 24 Hrs. Hours DIVORCED WIDOWED ICA, USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11, EIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) 13. FATHER'S NAME MOTHER'S MAIDEN NAME berson JAmes 15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dotes of service) 6. SOCIAL 17. INFORMANT ADDRESS SECURITY NO. -4-7968 5 CAUSE OF DEATH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF: heart failure, asthenia, etc. It means the disease, injury at complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS A CONSEQUENCE OF rise to the above cause (A) slating the UNDERLYING CONDITION last CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 194. DATE OF OPERATION 198 CONDITION FOR WHICH OPERATION 20A. AUTOPSY! (Yes or No) WAS PERFORMED NO 21A. ACCIDENT WAS UNDERLYING TO CONTRIBUTING CAUSE OF 218, PLACE OF INJURY (e.g., in or obout 21C, WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? (If In Boltimore City, give exact lacation) MEDICAL DEATH (notify medical examined 21D. TIME OF INJURY (Month! (Doy) (Houd (Yeor) 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? Not While While At (APPROX.) Work 22. I certify that (1) (this hospital) attended the deceased from and that in (my) (our) opinion death accurred an the date that (I) (we)) last sow the deceased alive and haur and from the causes stated above. (1) (did) (did nat) view the bady after death. 23A. SIGNATURE 23 B. DATE SIGNED Attending Med. Phys. Director DEGREE 23C. PHYSICIAN'S NAME (Type) 23D. ADDRESS e DEGRE 24A PURIAL CREMATION, 24B DATE C. NAME OF CEMETERY OF CREMATORY 24D. LOCATION (State) town, or county) written 25A. DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR DDRESS VS 150-REV. 1/1/68

	pe or Print)	Margaret Pfe	eifer			March 15, 197	72	18:00 A
3.	PLACE IN BAL	TIMORE, MARYLAND, W	VHERE PRONO	UNCED DEAD	4. USUAL RESIDENCE	E (Where deceased lived.	. If institution	residence before odmission
H	LL NAME OF	(IF NOT IN HOSPIT	TAL OR INSTIT	TUTION, GIVE STREET	Maryland c. CITY OR TOWN	10	INSIDE CIT	2611
IN	STITUTION	S. Highland	Avenue		Baltimore	J.	YESX	
G	0				ALO S High	BER hland Avenue		
5.	SEX	6. RACE	7. MARRIED	NEVER MARRIED	8. DATE OF SIRTH	9. AGE (In years lost birthday)	If Un	nder 1 Yr. If Under 24 Hrs hs! Doys Hours Min.
	Fem.	Caucasian			1/21/1893	79 (ndoy)		
t0/	housewi	working life, even if retired)	10B, KIND O	home	Pittsburg			STIZEN OF WHAT COUNTR
13.	FATHER'S NA	ME	1		14. MOTHER'S MAIDE	and the same of th		
		es Hughes			Catherine	Boyle		
5. Ye	Wos Deceosed s, no or unknown	Ever in U. S. Armed Fo	rces? es ol service)	SECURITY NO.	Mr. Jack	Pfeifer		ADDRESS
	heart foilure,	of mean the mode of asthenio, etc. It means aplication which caused	s the diseose	(A) IMMEDIATE CAL	ACONSEQUENCE OF:	the need	rfæsis	6 mos
ATION	DISEASES (rise to the UNDERLYING)	asthenio, etc. II means application which caused ANTECEDENT CAUSES OR CONDITIONS, if a above couse (A) G CONDITION last.	s the disease dideoth.)  ony, giving stating the DNTRIBUTING THE TERMINAL	(8) DUE TO, OR AS	A CONSEQUENCE OF:	The metas		
ATI	DISEASES (rise to the UNDERLYING) OTHER SIGNIF TO THE DEAL DISEASE OR CO	asthenio, etc. II means application which caused ANTECEDENT CAUSES OR CONDITIONS, if a above couse (A) CONDITION last.  ILLICANT CONDITIONS COMBINED TO 10 ONDITION GIVEN IN PAI OPERATION 198. CONDITION 198. CONDITION 198.	s the disease, d death.)  S ony, giving stating the DNTRIBUTING THE TERMINAL RT 1 (A).	(8) DUE TO, OR AS	A CONSEQUENCE OF:	Vent Des	VERE FINDIN	GS CONSIDERED
CAL CERTIFICATION	DISEASES Crise to the UNDERLYING OTHER SIGNIF TO THE DEAT DISEASE OF COMMENTS OF CONTRIBUTED OF	asthenio, etc. II means application which caused ANTECEDENT CAUSES OR CONDITIONS, if a above couse (A) CONDITION last.  ILLICANT CONDITIONS COMBINED TO 10 ONDITION GIVEN IN PAI OPERATION 198. CONDITION 198. CONDITION 198.	s the disease, death.)  Sony, giving stating the DNTRIBUTING THE TERMINAL RT 1 (A).	(8)	SCLUTLE A	Vent Des	VERE FINDING CAUSES O	GS CONSIDERED
AL CERTIFICATI	DISEASES Crise to the UNDERLYING OTHER SIGNIFTO THE DEAT DISEASE OR COTTON OF CONTRIBUTED OR CON	asthenio, etc. II means application which caused ANTECEDENT CAUSES OR CONDITIONS, if a above couse (A) CONDITION last.  ILLICANT CONDITIONS CONDITION GIVEN IN PAIR OPERATION 198. CON WAS PER OT WAS UNDERLYING CAUSE OF	ony, giving stating the DNTRIBUTING THE TERMINAL RT 1 (A). NDITION FOR FORMED	(8)	20A. AUTOPSY? (Yein or obout 21C. WHERE ffice bidg., INJURY OCC	Vent Des s or No) 20B. IF YES, W IN CERTIFYING CUR? (If in Bo	VERE FINDIN CAUSES O	GS CONSIDERED F DEATH? give exoct location)
CAL CERTIFICATI	DISEASES (rise to the UNDERLYING) OTHER SIGNIF TO THE DEAT DISEASE OR COTATIBLE OR CONTRIBUTED THE OF INJURY (APPROX.)  21 D. TIME OF INJURY (APPROX.)	asthenio, etc. II means application which caused ANTECEDENT CAUSES OR CONDITIONS, if a above couse (A) G CONDITION last.  II CANT CONDITION S COME BUT NOT RELATED TO TONDITION GIVEN IN PAI OPERATION 198. CON WAS PER TWAS UNDERLYING CAUSE OF medical examiner)  (Month) (Doy) (Year)	ony, giving stating the DNTRIBUTING THE TERMINAL RT 1 (A).  VIDITION FOR RFORMED  211  (Hour) 211  WW.  will) attended and all ve an	(8)	20A. AUTOPSY? (Yein or obout 21C. WHERE ffice bidg., INJURY OCC	DID (If in Bo	VERE FINDING CAUSES O	GS CONSIDERED F DEATH?
CAL CERTIFICATI	DISEASES (rise to the UNDERLYING) OTHER SIGNIF TO THE DEAT DISEASE OR COTATIBLE OR CONTRIBUTED THE OF INJURY (APPROX.)  21 D. TIME OF INJURY (APPROX.)	asthenio, etc. II means application which caused ANTECEDENT CAUSES OR CONDITIONS, if a above couse (A) G CONDITION last.  II CANT CONDITION S COME (A) G CONDITION S COME (A) G CONDITION S COME (A) G CONDITION GIVEN IN PAIR (B) TWAS UNDERLYING CAUSE OF Medical examiner)  (Month) (Doy) (Year)  that (I) (this haspital last saw the decease of the causes stated from the cause stated from the causes stated from the cause stated from the cause of the cause of the cause stated from the cause of the	ony, giving stating the DNTRIBUTING THE TERMINAL RT 1 (A). NOTION FOR REORMED	(8) DUE TO, OR AS  (C) WHICH OPERATION  B. PLACE OF INJURY (e.g., or	20A. AUTOPSY? (Yein or obout 21C. WHERE ffice bidg., INJURY OCC	DID OCCUR?  IN CERTIFYING  DID (If in Bo  TUR? (If in Bo)  TO INJURY OCCUR?  The property of t	VERE FINDING CAUSES O	GS CONSIDERED F DEATH? give exoct location)
CAL CERTIFICATI	DISEASES (rise to the UNDERLYING) OTHER SIGNIF TO THE DEAT DISEASE OR COTTAINED OR CONTRIBUTED TO THE DEATH (notify (APPROX.)  21 D. TIME OF INJURY (APPROX.)  22. I certify that (I) (we) and hour an	asthenio, etc. II means application which caused ANTECEDENT CAUSES OR CONDITIONS, if a above couse (A) is CONDITION last.  II CANT CONDITIONS COME BUT NOT RELATED TO TO ONDITION GIVEN IN PAI OPERATION 198. CON WAS PER TO THE CAUSE OF MEDICAL CA	ony, giving stating the stating to the stating the sta	(8) DUE TO, OR AS  (C) WHICH OPERATION  B. PLACE OF INJURY (e.g., one, form, factory, street, one, factory, street, street, one, factory, street, st	20A. AUTOPSY? (Yes in or obout 21C. WHERE ffice bldg., INJURY OCC 21F. HOW D  19 72  view the bady after conding Med. Director 23D. ADDRESS	DID (If in Boot 1949) (aur)	VERE FINDING CAUSES O	GS CONSIDERED F DEATH?  give exoct location)  ATE SIGNED

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Such Deceased uo death. ance (2) cause attend (4) Undetermined cause; 9 prior contributing regular is mad deceased disposition SD the death uo kind; final attendance any pronounced 0 med bal 70 gu em. who 9 are remains physicial Was physician before the O (2) where hospital °Z brained 9 (except and any 0 pe death) hospital the body was released must accident 0

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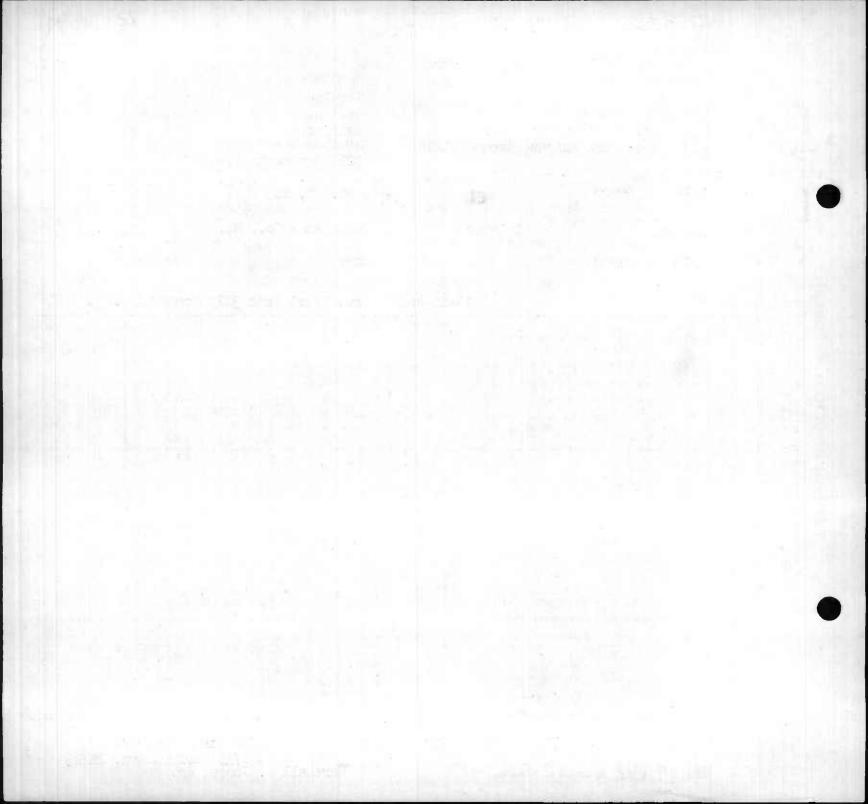
BALTIMORE CITY HEALTH DEPARTMENT 72 02693 72 02693 REG NO CERTIFICATE OF DEATH I NAME OF DECEASED 2 DATE AND HOUR OF DEATH (Type ar Print) 3\_15\_72 belore odmissian) 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD B. COUNTY FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET Maryland C. CITY OR TOWN D. INSIDE CITY LIMITS? Baltimore YES K NOF E. STREET AND NUMBER Mercy Hospital. Inc. 31h S.Ann St. #21231 5. SEX 8. DATE OF BIRTH 9. AGE (In years If Under 24 Hrs. 6. RACE If Under 1 Yr. Manths! Days · MARRIED NEVER MARRIED Hours WIDOWED DIVORCED 10A, USUAL OCCUPATION (Give kind of work) 0B, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? dane during most al warking life, even if retired) U.S.A. Maryland Tile setter Stone Mason 13. FATHER'S NAME 4. MOTHER'S MAIDEN NAME SUSANNE GRYGLIK RACEUBTH SKT 15. Was Deceosed Ever in U. S. Armed Farces? (Yes, as ar unknown) (If yes, give war ar dates af service) ADDRESS 17. INFORMANT 6. SOCIAL SECURITY NO. 374 APPROXIMATE INTERVAL CAUSE OF DEA BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or camplication which caused death.) ANTECEDENT CAUSES CONSEQUENCE OF DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION lost, П CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A) 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 20 A. AUTOPSY? (Yes or No) 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 21B. PLACE OF INJURY (e.g., in ar about 21C. WHERE DID home, form, factory, street, office bidg., INJURY OCCUR? (If in Boltimare City, give exact location) MEDICAL DEATH (natify medical exominer) etc.) (Month) (Doy) (Year) (Hour) 21 E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY Not While While At (APPROX.) At Wark Wark 22. I certify that (1) (this haspital) attended the deceased fram and that In(my) (aur) aplnian death accurred an the date that (1) (we) last saw the deceased alive an... and haur and from the causes stated above. (1) (We) (did) (dld nat) view the bady after death. 23B, DATE SIGNED 23A. SIGNATURE Attending Med. Staff Phys. Director L

deceased prior re-23D. ADDRESS 23C. PHYSICIAN'S NAME (Type) GEGREE 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) REMOVAL (Specify) SC. FUNERAL DIRECTOR

21215  EVER MARRIED B. D  DIVORCED SE  NESS OR INDUSTRY 11.  Q1  14.  M2  SOCIAL  SECURITY NO.	J- USUAL RESIDENCE (Where de B. COUNTY Maryland  CITY OR TOWN Baltimore  STREET AND NUMBER 3219 Mondawmin A  DATE OF BIRTH  ept. 20, 88  BIRTHPLACE (Stote or loseign of uneen Anne Co., M.	D. INSIDE CITYES  AVENUE  AGE (In years birthday) 83  Country) 12.0	NO Index 1 Ys, If Under 24 Hrs. ths Doys Hours Min.
21215  EVER MARRIED B. D  DIVORCED SE  NESS OR INDUSTRY 11.  Q1  14.  M2  SOCIAL  SECURITY NO.	STATE B. COUNTY Maryland  CITY OR TOWN Baltimore  STREET AND NUMBER 3219 Mondawmin A  DATE OF BIRTH  ept. 20, 88  BIRTHPLACE (Stote or loieign of uneen Anne Co., M.	D. INSIDE CITYES  AVENUE  AGE (In years birthday) 83  Country) 12.0	NO Index 1 Ys, If Under 24 Hrs. ths Doys Hours Min.
DIVORCED SE INESS OR INDUSTRY 11. Qu 14. Ma	ept. 20, 88 lost BIRTHPLACE (Stote or loseign of ueen Anne Co., M.	birthdoy 83 Mont	ths Doys Hours Min.
SOCIAL 17.	MOTHER'S MAIDEN NAME	ILL .	U.S.A.
SECURITY NO.	ary	Ander	son
4-16-4664 M	informant Irs. Pearl Teat	3219 Mondawmi	n Ave. 21216
DUE TO, OR AS A CO	phinp		Juan.
CE OF INJURY (e.g., in or	obout 21 C. WHERE DID	N CERTIFYING CAUSES	OF DEATH?
Attendin Phys.	19 ond that is the body ofter death.  Med. Stal Director Phy	to 3 / 6 in (my) (our) opinion o	death occurred on the dote
			vn, or county) (Stote)
	25C) FUNERAL DIRECTOR 1	735 Harford A	
	DECREE  CE OF INJURY (e.g., in or m, foctory, street, office)  Not While AI Work  AI Work  OEGREE  Attendir  Phys.  23D  DEGREE  Of CEMETERY of CREMA	DECREE OF INJURY (e.g., in or about 21 C. WHERE DID m, foctory, street, office bldg., INJURY OCCUR?  21F. HOW DID INJURY  22F. HOW DID INJURY  23D. ADDRESS  23D. ADDRESS  23D. ADDRESS  24D. LOC.  24D. LOC.  25TRAK  25C. FUNERAL DIRECTOR 1	IN CERTIFYING CAUSES OF INJURY (e.g., in or about 21 C. WHERE DID m, foctory, sheet, office bidg., INJURY OCCUR?    OF INJURY (e.g., in or about 21 C. WHERE DID m, foctory, sheet, office bidg., INJURY OCCUR?    OF INJURY (e.g., in or about 21 C. WHERE DID m, foctory, sheet, office bidg., INJURY OCCUR?    OF INJURY (e.g., in or about 21 C. WHERE DID m, foctory, sheet, office bidg., INJURY OCCUR?    OF INJURY (e.g., in or about 21 C. WHERE DID m, foctory, in meaning of the polyment of the polyment occurs occurs of the polyment occurs of the polyment occurs oc

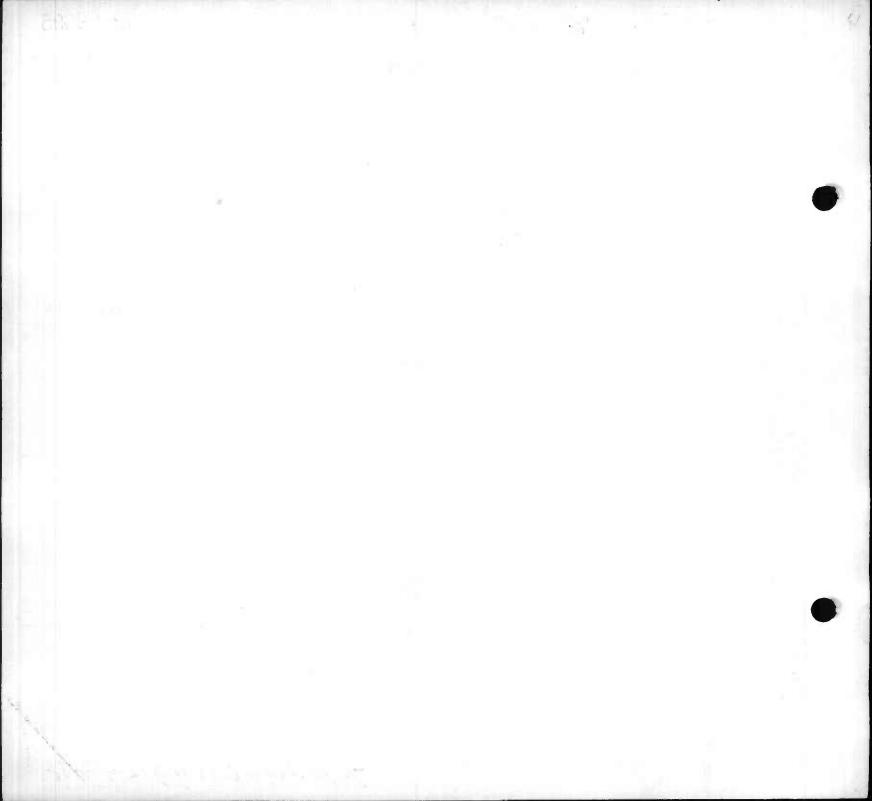
BALTIMORE CITY HEALTH DEPARTMENT

72 02694



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.	
This certificate must the body was relect shows: (1) An accid was D.O.A. at a ho deceased prior to written approval m	

	G-530 72 02695 CEPTIFICA	Y HEALTH DEPARTMENT 72 02695			
	OF THE NO. CERTIFICA	TE OF DEATH REG. NO. 12 02033			
	I.NAME OF DECEASED	2. DATE AND HOUR OF DEATH			
-   -	3. PLACE IN BALTIMORE MARYLAND, WHERE PRONOUNCED DEAD	3/14/72 19.45 PM			
- []		4. USUAL RESIDENCE (Where deceased lived. II institution: residence before admission) A. STATE B. COUNTY			
	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	C. CITY OR TOWN  D. INSIDE CITY LIMITS?			
-11	Provident hoskital.	Ballimore. Pes NO			
	39	E. STREET AND NUMBER			
	SEX 6. RACE 7. MARRIED TO ANNUAL TO THE PROPERTY OF THE PROPER	4200 MAINE AVE			
	WIDOWED DIVORCED	8. DATE OF BIRTH  9. AGE (In years   If Under 1 Yr.   Il Under 24 Hrs.    12 2 5 - 0 8   last birthday   Months Doys Hours   Min.			
	OA. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY lone during most of working file, even if retired)	11. BIRTHPLACE (State or foreign country)   12. CITIZEN OF WHAT COUNTRY			
	LADONON LONGUNDNONEDONN	BANGERTLOMD WISH			
	3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME			
	Grienow	Unknow			
	5. Was Deceased Ever in U. S. Armed Forces? (es, no or unknown) (If yes, give wor or dotes of service)  SECURITY NO.	17-INFORMANT SHIVENS ADDRESS			
	NO 911-18-7922	DELONES BETHER 4109 BELLE AU			
ERTIFICATION	18. 5/3 X 1 CAUSE OF DEATH	APPROXIMATE INTERVAL BETWEEN ONSET AND GEATH			
	DISEASE OF CONDITION DIRECTLY				
	(This does not meen the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  (A) IMMEDIATE CAUSE Cardio respectatory Failure.  DUE 10, OR AS A CONSEQUENCE OF:				
	ANTEGORIUM CAMPO				
	DISEASES OR CONDITIONS, if any, giving  (B) LUNG HO SCORE,  DUE TO, OR AS A CONSEQUENCE OF:				
	inse to the above cause (A) stating the UNDERLYING CONDITION last,	Α.			
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING				
	DISEASE OF CONDITION GIVEN IN PART 1 (A). 194 DATE OF OPERATION 198 CONDITION FOR WHICH OPERATION	20A-AUTOPSY? (Yes of No.) 20B, IF YES, WERE FINDINGS CONSIDERED			
100	WAS PERFORMED	20A. AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?			
100	J 21A. ACCIDENT WAS UNDERLYING   21B. PLACE OF INJURY (e.g., in home, farm, foctory, street, off	n or about 21C. WHERE DID (II In Baltimore City, give exact location)			
AAEDIO	21D. TIME (Month) (Doy) (Yeorl (Hour) 21E, INJURY OCCURRED	21F. HOW DID INJURY OCCUR?			
	(APPROX.) While At Not While At Work				
	22. I certify that (1) (this hespital) attended the deceased from	3 1 19 72 to 3 114 19 72.			
	that (1) (wb) last saw the deceased alive on 3/14 19 12 and that in (my) (opr) opinion death accurred on the date				
	and hour and from the causes stated above. (1) (We) (did) (did not) view the body after death.				
	23A. SIGNATURE	23B, DATE SIGNED			
	DEGREE Phys. Director Phys.				
	DR RUPAK MITRA, MD. Provident Hospital				
2	REMOVAL (Specily) 3/w/2 mt Aury V	MATORY  24D. LOCATION (City, town, or county) (Stole)  Brown & Matory  (Stole)			
1000					
L	14 Magnily 620 4 21 14 10 14				
V:	150-REV, 1/1/68				



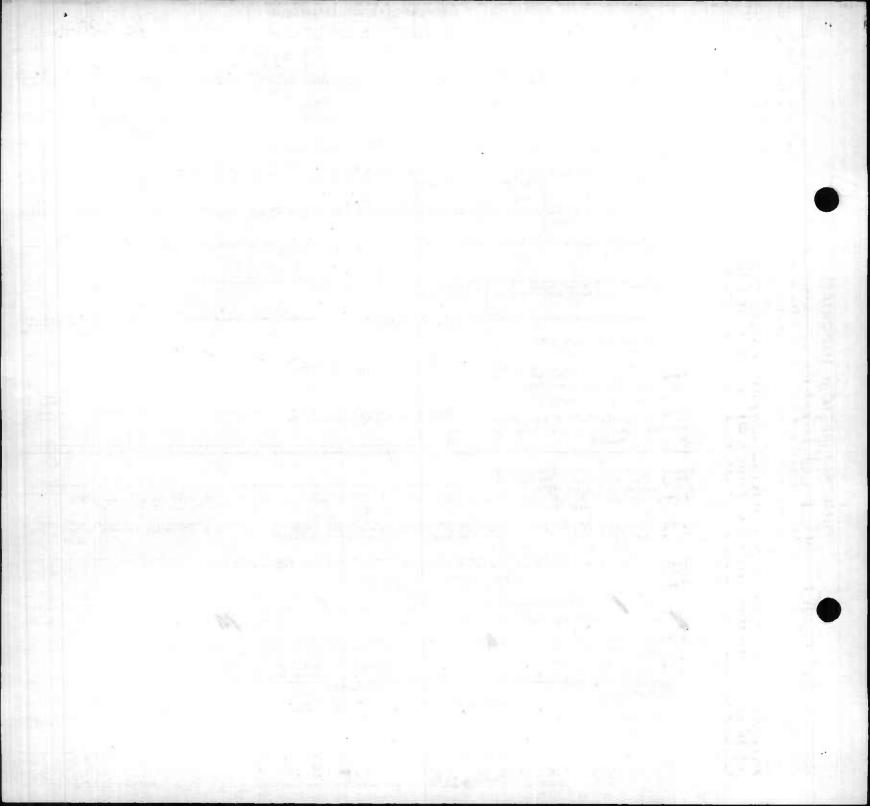
#### IMPORTANT FUNERAL DIRECTOR:

to the hospital

approved by

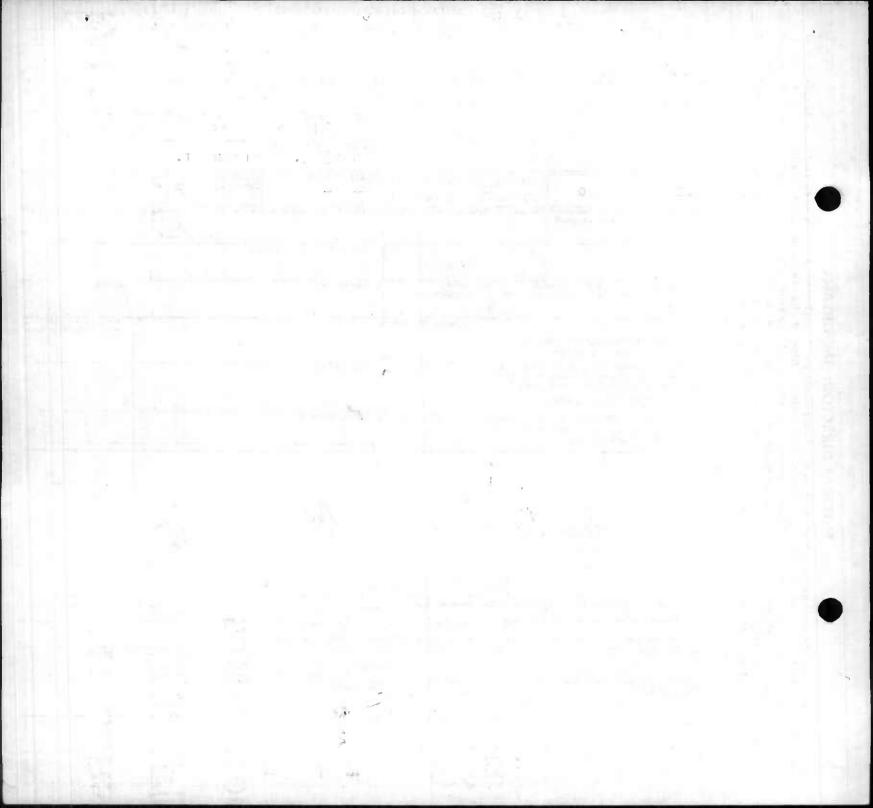
BALTIMORE CITY HEALTH DEPARTMENT REG. NO. CERTIFICATE OF DEATH r if death occurred in a hospital and rect or contributing cause of death (4) Undetermined cause; (5) Deceased on the Such BIRTH NO. WAME OF DECEASED 2. DATE AND HOUR OF DEATH Type or Print) JONES, Freely 3/15/72 death. 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD ance Maryland FULL NAME OF HOSMITAL OR INSTITUTION HE NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) C. CITY OR TOWN attend 0 Baltimore prior E. STREET AND NUMBER The Johns Hopkins Hospital 931 N. Durham Street was in regular disposition is mad 5. SEX 6. RACE 8. DATE OF BIRTH 9. AGE IIn years NEVER MARRIED deceased Male Negro WIDOWED DIVORCED 4/02/12 IGA USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE IState or foreign country) done during most of working life, even if retired) 9101 13. FATHER'S NAME the death 00 15. Was Deceased Ever in U. S. Armed Forces?
(Yes, no or unknown) (if yes, give war or dates of service) 6. SOCIAL or final SECURITY NO. regular attendance fracture of any CAUSE OF DEATH pronounced DISEASE OR CONDITION DIRECTLY embalmed LEADING TO DEATH (A) IMMEDIATE CAUSE 1This does not mean the mode of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF: heart faiture, asthenia, etc. It means the disease, injury or complication which caused death.) who ANTECEDENT CAUSES DUE TO, OR AS A CONSEQUENCE OF: before the remains are DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the physician UNDERLYING CONDITION last MOS CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING No physician TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). (2) Body 19A-DATE OF OPERATION 198 CONDITION FOR WHICH OPERATION WAS PERFORMED NO 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 21& PLACE OF INJURY le.g., in or obout 21C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? where MEDICAL OEATH (notify medical examined) any nature; obtained 21D. TIME [Month] [Doy] (Year) (Hour 9 21E INJURY OCCURRED 215. HOW DID INJURY OCCUR? (except Not While (APPROX) death); and Work Al Work 22. I certify that 🔰 (this haspital) attended the deceased from 99 that (we) last saw the deceased alive an An accident of hospital must and have and from the causes stated above. (Me) (did) (did not) view the body after death. 23A. SIGNATURE Attending [ Med. Stoff Phys. 0 approval Director 0 23C. PHYSICIAN'S prior 23D. ADDRESS was D.O.A. at NAME IType) Robert D. Kramer, 24A. BURIAL CREMATION, 24B. DATE bespese 24D. LOCATION REMOVAL ISpecify)

5:00 a. M. 4. USUAL RESIDENCE (Where deceased fived. If institution: residence before admission)
A. STATE
B. COUNTY D. INSIDE CITY LIMITS? YES X NO If Under 24 Hrs. If Under 1 Yr. Months! Days Hours ! 12. CITIZEN OF WHAT COUNTRY? ADDRESS BETWEEN ONSET AND DEATH 20A AUTOPSY? (Yes of No.) 20R. IF YES, WERE FINDINGS CONSIDERED IN CERTIFIING CAUSES OF DEATH? (If In Boltimore City, give exact location) and that in (our) apinian death accurred an the date 23 L DATE SIGNED The Johns Hopkins Hospital [City, town, or county! |State 9 25A. DATE REC'D BT HEALTH DEPT. ADDRESS



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was B.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

	BALTIMORE CITY HEALTH DEPARTMENT 72 03007			
	SIRTH NO. 72 02697	CERTIFICA	TE OF DEATH REG. No. 72 02697	
	Typo or Print		2. DATE AND HOUR OF DEATH	
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRO	NOUNCED DEAD	14. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission)	
11			A. STATE RYLANGOUNTY	
	FULL NAME OF (IF NOT IN HOSMTAL OR INSTITUTION, GIVE STREET HOSMTAL OR ADDRESS OR LOCATION!		C. CITY OR TOWN D. INSIDE CITY LIMITS?	
	33 THE JOHNS HOPKINS HOSPITAL		BALTIMORE YES NO [	
			1213 E. MADISON ST.	
	S. SEX MALE NEGRO 7- MARR WIDOW		8. DATE OF BIRTH 4-16-09  9. AGE (In years   If Under 1 Yr. If Under 24 His. Months Days Hours Min.	
	IDA USUAL OCCUPATION (Give kind of work 108, KINE done during most of working life, even if refired)	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fereign country) 12. CITIZEN OF WHAT COUNTRY	
	Laborer	disconnection of	S. Carolina 4.S.A.	
	13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
	James Sam	Ne	ANNA Edward	
	IS. Was Decessed Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of servi	cel SECURITY NO.	17. INFORMANT ADDRESS	
		5-67-4548	James M. Samuel III N. Eden J	
N.C	18. 4861	CAUSE OF DEAT	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
	DISEASE OF CONDITION DIRECTLY LEADING TO DEATH	(A)IMMEDIATE CAL	ine CUA	
	(This does not mean the mode of dying, heart failure, asthenia, etc., it means the dise	PAGO DIJETO OP AS	A CONSEQUENCE OF:	
	Injury or complication which caused death.)			
	ANTECEDENT CAUSES (B) APINATION MOUNDING			
	DISEASES OR CONDITIONS, If any, giving DUE TO, OR AS A CONSEQUENCE OF:			
	UNDERLYING CONDITION last. (C)			
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING			
	TO THE DEATH BUT NOT RELATED TO THE TERMIN			
	19A-DATE OF OPERATION 19B CONDITION F WAS PERFORMED	OR WHICH OPERATION	20A-AUTOIST (Yes or No.) 20B. (F YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?	
	U 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examines)	21B PLACE OF INJURY (e.g., i home, form, factory, street, of etc.)	in or obout 21C. WHERE DID (If in Beltimore City, give exact (acation) ffice bidg. INJURY OCCUR?	
	21D-TIME (Month) (Day) (Year) (Hour)	21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
	(APPROXI	While At Not While Work At Work	•	
	22. I cartify that (1) (this hospital) attende	ed the deceased from	3/19 22 10 3/14 19	
	that (1) (we) last saw the deceased alive	. 1.11	19 72 and that (n(my) (our) opinion death occurred on the date	
	and hour and from the causes stated above (1) (We) (did) (did not) view the body after death.			
	23A SIGNATURE  23B, DATE SIGNED  Attending Med. Stoff			
	L' Haldell Belale Worn, W DEGREE Phys. Director Phys. D. 1141/2			
	P33C. PHYSICIAN'S NAME (Type)  ADDIESS  ADDIES  ADDIESS  ADDIES			
	24A. BURIAL CREMATION, 24B. DATE 24	C. NAME OF CEMETERY OF CR	EMAJORY 240. LOCATION (City, town, or county) (Stote)	
	REMOVAL (Specify) 3-70-72	ALLIEN	Par Park n. L. tes m.	
	25A. DATE REC'D BY HEALTH DEPT. 125B. NAI	ME OF REGISTRAK	25C, FUNERAL DIRECTOR ADDRESS	
	MAR 17 1972 Page E.	Jaban M.D.	MATON & Elickson-1129N Coralin	
I	VS 150-REV. 1/1/68			



BALTIMORE CITY HEALTH DEPARTMENT 72 02698 02698 REG. NO. ERTIFICATE OF DEATH Such (5) Deceased death I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) 00 hospital an eath. of 4. USUAL RESIDENCE (Where deceased lived, If institution; residence before 3. PLACE IN BALTIMORE MARYLAND, WHERE PRONOUNCED DEAD attendance A. STATE (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) cause FULL NAME OF Ö HOSPITAL OR C. CITY OR TOWN D. INSIDE CITY LIMITS? 0 Nursing YES F NO prior E. STREET AND NUMBER contributing 0 etermined made regular 5. SEX 6. RACE If Under 24 Hrs. B. DATE OF BIRTH 9. AGE (In years II Under 1 Yr. 7. MARRIED NEVER MARRIED deceased Hours lost birthdoy Months Doys IOA. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 1. BIRTHPLA CE State or foreign country) 12. CITIZEN OF WHAT COUNTRY? death isposition done during mast of working lile, even if retired) (4) Und 0 Was 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME the direct 0 eath 0 15. Was Deceased Ever in U. S. Armed Forces? (Yes,no or ynknown) (II yes, give wor or dates of service) ADDRESS 6. SOCIAL 17. INFORMAN final SECURITY NO. attendance any 18. CAUSE OF pronounced 10 BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY med of LEADING TO DEATH fracture (This does not mean the mode of dying, e.g., gular bal hearl failure, asthenia, etc. It means the disease, injury ar complication which caused death,) em ANTECEDENT CAUSES who are AS A CONSEQUENCE OF 4 DISEASES OR CONDITIONS, il any, giving iise la the abave cause (A) stating the physician UNDERLYING CONDITION last. before the remains Was Ш CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL physician DISEASE OR CONDITION GIVEN IN PART 1 (A) 198. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No) 208. IF YES, WERE FINDINGS CONSIDERED 19A. DATE OF OPERATION the WAS PERFORMED O IN CERTIFYING CAUSES OF DEATH? 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 21 B. PLACE OF INJURY (e.g., in or obout 21 C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? (If in Boltimore City, give exoct location) CAL to the hospital °Z DEATH (notify medical examiner) any nature; obtained MEDI 21 D. TIME OF INJURY (Month) (Doy) (Year) (Hour) 21 E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? (9) pup : be approved (except While At Not While p (APPROX.) Work At Work 22. I certify that (I) (this haspital) attended the deceased from that (1) (we) last saw the deceased alive an. and that In(my) (aur) apinian death accurred an the date pe of hospital death) and hour and fram the causes stated above. (1) (We) (did) (did nat) view the bady after death. must accident 23A. SIGNATURE 23B, DATE SIGNED certificate must Attending [ 0 approval 0 23C. PHYSICIAN'S 23D. ADDRESS prior d to NAME (Type) the body was d 24A. BURIAL CREMATION, CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) eceased 0.0 REMOVAL (Specify shows: Was 25A. DATE REC'D BY HEALTH BGISTRAR 250 FUNERAL DIRECTOR VS 150-REV, 1/1/6B

M. H. unable to obtain date of adm. & plet. address at time of shore call. Promised to each back with info

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the written approval must be obtained before the remains are embalmed or final disposition is made. FUNERAL DIRECTOR: IMPORTANT

BII	TH NO. 6/7/90 72 02699 CERTIFICA	Y HEALTH DEPARTMENT ATE OF DEATH REG. NO. 72	02699
T.	PLACE IN BALTIMORE MARYLAND, WHERE PRONOUNCED DEAD	2. DATE AND HOUR OF DEATH  3/3/72 9/07  4. USUAL RESIDENCE (Where deceased lived, If institution:	residence before admission)
II H	ILL NAME OF OSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	a. STATE B. COUNTY  3458 Spellman Rd.  C. CITY OR TOWN D. INSIDE CITY I	2562
6	George Washing TOIN Nursips	E. STREET AND NUMBER	NO 🗌
5.	SEX 6. RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED DIVORCED	8. DATE OF BIRTH 9. AGE (In yours If Und Months	Ooys Hours Min.
	USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY	7 11. BIRTHPLACE (Stote or loreign country) 12. CIT	ZEN OF WHAT COUNTRY?
100	e during most of working life, even if refired)	GeorgeTown Sic U	S, A
13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
1	ulius Pineo	MunknowN/ Sugan M	C Foll
15. (Yo	Was Deceased Ever In U. S. Armed Forces? s,no or unknown! (If yes, give wer or doles of service)  16. SOCIAL SECURITY NO.	17. INFORMANT Mrs Zelena	ADDRESS 1-OCLEY
	NO 2/2-55-6/5 CAUSE OF DEAT	2 Charl 809 N. Bri	CP SY
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	CIRRAPOSIS OF	BETWEEN ONSET AND DEATH
	(A) IMMEDIATE CAI DUETO, OR AS injury or camplication which caused death.)	A CONSEQUENCE OF:	2/00
	ANTECEDENT CAUSES (B)	ERTENSION	VFS.
	DISEASES OR CONDITIONS, it any, giving nise to the above cause (A) stating the UNDERLYING CONDITION last.	ONIE ALCOMOLISM	1/RS
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	TINAL TUBERCULDSU	2YRS.
CERTIFIC.	19A OATE OF OPERATION 19R CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINDINGS IN CERTIFYING CAUSES OF	CONSIDERED DEATH?
CAL CE	21A. A CCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., or contributing CAUSE OF DEATH (natify medical examine)	in or about 21 C. WHERE DID (II In Boltimore City, give INJURY OCCUR?	e exoct locotion)
MEDI	21D-TIME (Month) (Doy) (Yeou) (Haud) 21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
	fAPPROX.) While At Not Whit Wark Not Work		
	22. I certify that (1) (this hospital) attended the deceased from that (1) (we) last saw the deceased alive on MAREH (		12 19 72
	and hour and fram the causes stated above. (1) (We) (did) (did not)	and that in my (out) opinion ded	th accurred on the date
	23A. SIGNATURE		E SIGNED
	Phy	ending Med. Shoff Shoff 3-	13-72
	23C. PHYSICIAN'S NAME (Typel	23D. AOORESS 936 W. North Avenue	
24/	Dr. Tyson, M.D.  BURIAL CREMATION, 248. DATE 24C. NAME of CEMETERY OF CR	Baltimore, Maryland 21217	
1	REMOVAL (Specify)  On 16 mars of CEMETERY of CRI	EMATORY 24D. LOCATION (City, town, o	county! (Stote)
25/	DATE REC'O BY HEALTH OPT. 258, NAME OF REGISTRAR	25C TUNERAL DIRECTOR	ADORESS
L Ve	MAR 1 7 1972 Viale E Fall M.D.	Hoseph L. Run 2222 W M	Jorth Aug

. . .

5 6 5 7 3 X

IMPORTANI DIRECTOR: FUNERAL

and

0

death

assistant

72 02700 REG. NO.\_ CERTIFICATE OF DEATH (5) Deceased ance on the Such death 1. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) 3 - 16 - 72Elsie Mae Ailsworth hospital death. 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) of 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD B. COUNTY A. STATE Md. cause (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) HOSPITAL OR C. CITY OR TOWN D. INSIDE CITY LIMITS? attend cause; 0 Baltimore YES 🖂 prior Harford Gardens N. H. E. STREET AND NUMBER contributing 26 S. Exeter St. 21202 (4) Undetermined regular Ö S. SEX B. DATE OF BIRTH 9. AGE (In years 6. RACE If Under 1 Yr. Months: Doys mac · MARRIED NEVER MARRIED eceased lost birthdoy 7-11-1884 WID OWED 7 DIVORCED 10A. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? disposition 5 done during most of working lile, even if retired) USA Clerk Retail Maryland T SD 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 0 George P. Gettier Virginia Read dire death 0 17. INFORMANT 15. Was Deceased Ever in U. S. Armed Forces? kind final (Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO. nce Rev. G. Stanley Schwind Balto., Md. no 217-16-3131 any CAUSE OF DEATH attenda pronounced 0 DISEASE OR CONDITION DIRECTLY med of LEADING TO DEATH (A) IMMEDIATE CAUSE fracture (This does not mean the made of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF bal hearl failure, asthenia, etc. It means the disease, 10 examiner. injury ar camplication which caused death.) 5 em ANTECEDENT CAUSES who 0 re are DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS A CONSEQUENCE OF ta the above couse (A) stoting the UNDERLYING CONDITION last. physician the remains chief medical Was medical burns; CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING physician TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A) Body 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 20 A. AUTOPSY? (Yes or No) the WAS PERFORMED 0 no before 21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID home, form, factory, street, office bldg., INJURY OCCUR? (2) 21 A. ACCIDENT WAS UNDERLYING (If in Boltimore City, give exoct location) where OR CONTRIBUTING CAUSE OF hospital °Z DEATH (notify medical examiner) etc. any nature; MEDIC obtained 9 21 D. TIME (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY (except Not While While At (APPROX.) Work At Work and to the 22. I certify that (I) (this hospital) attended the deceased fram lar that (1) (Ne) last saw the deceased alive an and that in (my) (doe) apinion death accurred an the date be eath) of hospital must and haur and from the Lauses stated abave. (1) (We) (and) (did not) view the bady after death. was released accident 23A. SIGNATURE 23B, DATE SIGNED D Attending X Med. Staff 0 Director \_\_\_ Phys. approval 0 22C.PHYSICHAN'S 23D. ADDRESS prior at NAME (Type An Balto., 3202 Harford Road O.A. ased BURIAL CREMATION, 248, DATE 24C, NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, or county) he body REMOVAL (Specify) ritten 3-20-72 Co., shows: Burial Oaklawn Cemetery Baltimore Ö SD 25A. DATE REC'D BY HEALTH DEPT. 258, NAME OF REGISTRAR 25G. FUNERAL DIRECTOR Sons Co. 4905 York Rd. -Baltimore Md VS 150-REV, 1/1/68

BALTIMORE CITY HEALTH DEPARTMENT

NO

Hours :

APPROXIMATE INTERVAL

Devenal years

(Stote)

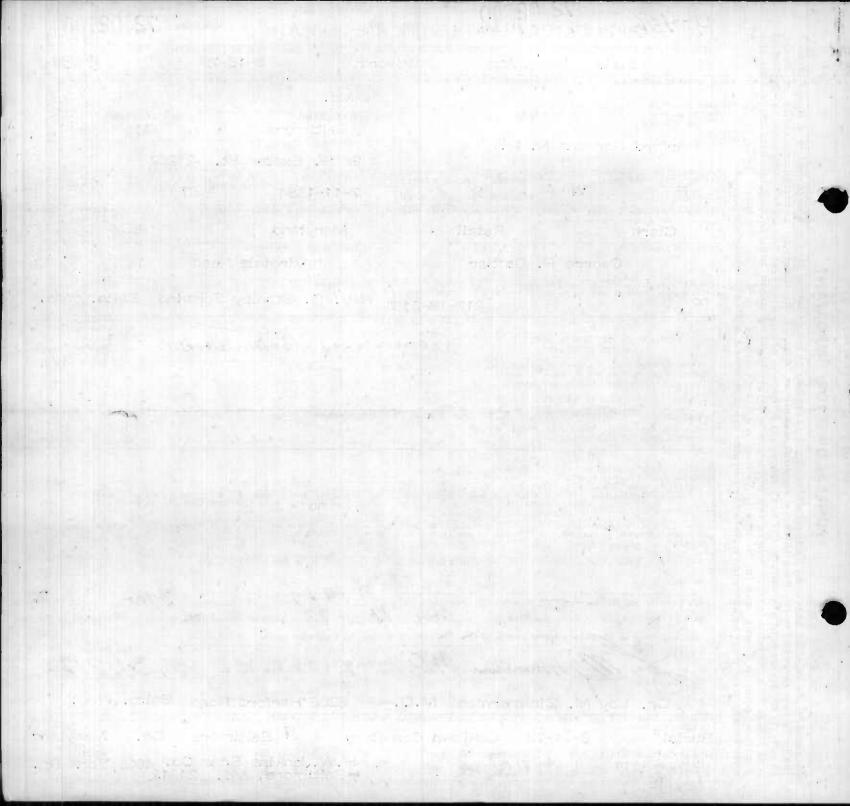
Maryland

ADDRESS

BETWEEN ONSET AND DEATH

ADDRESS

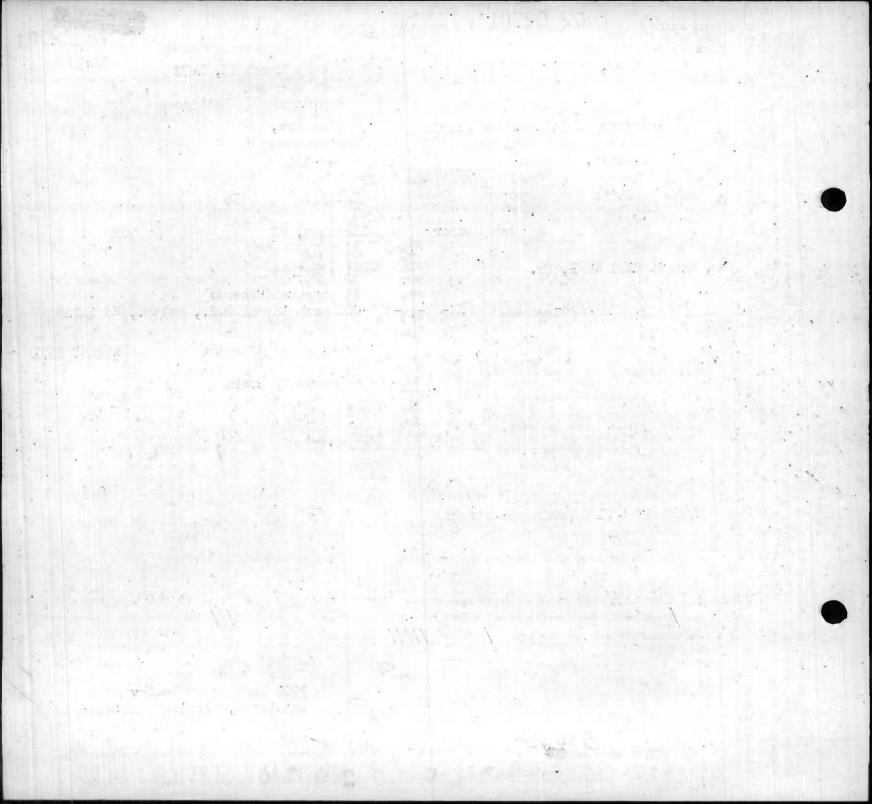
If Under 24 Hrs.



## FUNERAL DIRECTOR: IMPORTANT

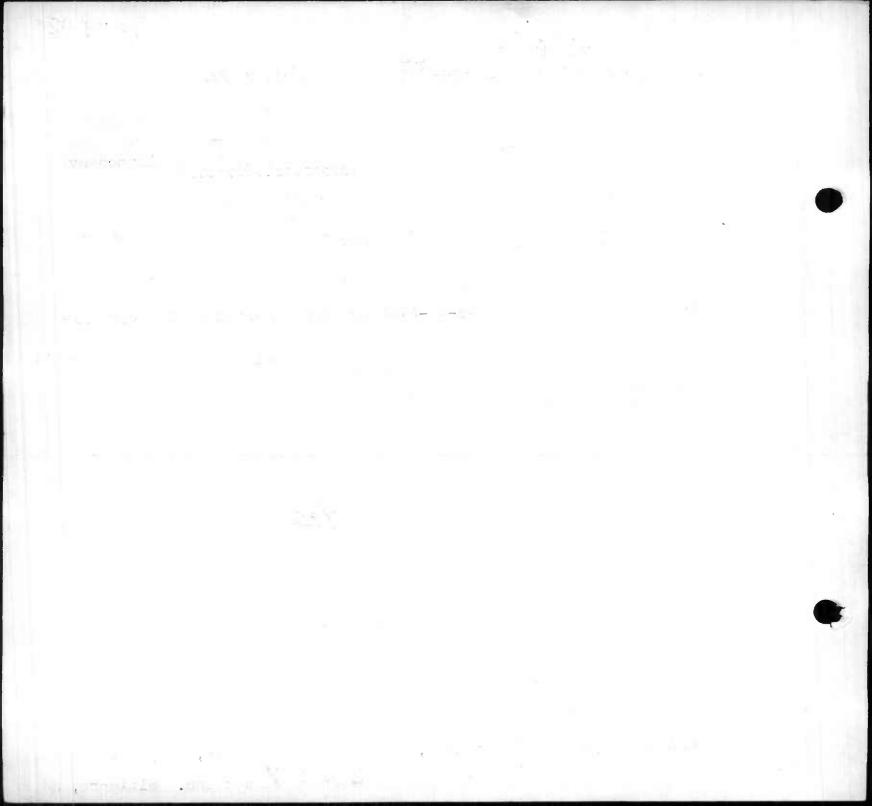
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

	0 />	MU	חחיים בי	BALTIMORE CITY	HEALTH DEPARTMENT		
	1-140	12	02701	CERTIFICA	TE OF DEATH	REG. NO	-
BIR	TŘ NO.			CERTIFICA		6	72 (2701)
	AME OF DECEASED				2. DATE	AND HOUR OF DEATH	
		CL, ERNEST			Man	ch 15, 1972	10:30 A M.
3.	PLACE IN BALTIMOR	E MARYLAND, V	WHERE PRONOUP	NCED DEAD	A. STATE B. COL	JNTY	institution; residence before admission)
FU	LL NAME OF (I	F NOT IN HOSPI	TAL OR INSTITUT	TION, GIVE STREET	Maryland	Baltimo	re ~ 3 00
HC IN:	STITUTION TO A	DDRESS OR LOC	ATION)	77	C. CITY OR TOWN Glen Arm,		SIDE CITY LIMITS?
6	Vetera	uis Admini	stration	Hospital	Gien Arm,		YES NO
		och Raber		rd	E. STREET AND NUMBER	The street of	
3	Baltim	ore, Mary	rland		Box 133		
5. 5	EX 6. RA	CE	7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
	Male Wh	ite	WIDOWED		2/12/37	35	7000
			k 108, KIND OF	BUSINESS OR INDUSTRY		preign country)	12. CITIZEN OF WHAT COUNTRY?
don	e during most of working	life, even if retired)	han 1		C7		
12	FATHER'S NAME		Dee 1	ceeper	Claremont, NH	A 1 A F	USA
13.					14. MOTHER S MAIDEN N	AME	
	Ernest Pau				Alice Wright		
15. (Ye	Was Deceased Ever i	n U. S. Armed Fo	es of service)	6. SOCIAL SECURITY NO.		D 1	ADDRESS
	Yes 1	0/15/5/1-1			VA Hospital		
-	18. / 9 9 9	0/15/54-1	7/26/21	033-26-53-112	3900 Loch Ray	en Rlvd., Ba	APPROXIMATE INTERVAL
	1/0/1	CONDITION D	IDECTIV				BETWEEN ONSET AND DEATH
		ING TO DEATH			use Metastatic m	alimant	August 1871
	(This does not me	on the mode o	dying, e.g.,	(A) IMMEDIATE CAL	A CONSEQUENCE OF:	errenano	August 1871
	heart foilure, asther				melanoma to	hanin	
		CEDENT CAUSE			MeTallolla CO	orarn	
				(B)	A CONSEQUENCE OF:		
	rise to the obo			DUE TO, OR AS	A CONSEQUENCE OF:		
	UNDERLYING COL			(c)	00:0000		000000000000000000000000000000000000000
		- 11					
NO	OTHER SIGNIFICANT						//
ATI	TO THE DEATH BUT	NOT RELATED TO	RT 1 (A).				
ERTIFICATION	19A. DATE OF OPER	ATION 198. COI	NDITION FOR WI	HICH OPERATION	20 A. AUTOPSY? (Yes or	No. 20B. IF YES, WERE	FINDINGS CONSIDERED AUSES OF DEATH?
ERT	9/2 & 12/7	/71 Bra	in metast	asis	NO		
U	21 A. ACCIDENT WA	S UNDERLYING	21 B. P	LACE OF INJURY (e.g.,	in or obout 21 C. WHERE DID	(If In Baltime	ore City, give exoct location)
CAL	DEATH (notify medic		etc.)	ionii, iocioly, succey o			
ĕ	21 D. TIME (Mon	th) (Doy) (Year)	(Hour) 21E. I	NJURY OCCURRED	21F, HOW DID II	NJURY OCCUR?	
M	OF INJURY (APPROX.)		While	At Not Whi	le 🖳		
		,,	Work	At Work			
	22. I certify that				MARCH 14	19 72 ta MA	
	that (/) (we) last	saw the deceas	ed alive an	MARCH 15	19 72 and	that in fry (aur) ap	ofnian death accurred on the date
					view the bady after death		
	23A. SIGNATURE		1				23 B. DATE SIGNED
	/_	100			ending Med.	Staff Phys.	3/15/72
	23 C. PHYSTCIAN'S		-	DEGREE Phy	23D. ADDRESS	Phys.	
	NAME (Type)	LA			3900	Loch Raven B	ouleward
	J	SAN 2	OPA	DEGREE		more a l'anvila	nd 21218
244	REMOVAL (Specify)		24C. NA	ME of CEMETERY or CR		USEATON UT 14	City Dwin of county) (Stote)
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	3-16.	-72		TORNE HODE	INIC MODE	all company
25A	. DATE REC'D BY HI	ALTH DEPT.	258. NAME OF	REGISTRAR	W WATERAN BIRECO	ANS MEDIC	CAL SCHOOL
	D 0 0 4070	02000	3. B. 2	20 0 0	MODELLA	DV CEDU	er neun
Mi.	150-REV. 1/1/68	Lange C.	Nanagara		ALLANDE	DI SEKYIL	



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.
This certificate must be ap the body was released to shows: (1) An accident of a was D.O.A. at a hospital deceased prior to death); written approval must be

	C -27	BALTIMORE CITY	HEALTH DEPARTMENT		- awa
	5-530 BIRTH NO. 72 02702	CERTIFICAT	TE OF DEATH	REG. NO	72 02702
	1. NAME OF DECEASED Sennett	0	2. DATE AN	D HOUR OF DEATH	
	3. PLACE IN BALTIMORE MARYLAND, WHERE PRONOUNCE		3/1	7/72	7AIM
1		D DEAD	A. STATE B. COUN	re décéased lived, Il in: ITY	stitution: residence before admission
	FULL NAME OF IF NOT IN HOSPITAL OR INSTITUTION ADDRESS OR LOCATION)	, GIVE STREET		SA	102
	INSTITUTION	- 11	C. CITY OR TOWN BULLMAN	D. INSI	DE CITY LIMITS?
	CHURCH. Home evad Hospital	.	E. STREET AND NUMBER	225 0	YES NO
			School Colors	335 South	Ellwood Ave
	5. SEX 6. RACE 7. MARRIED NI WIDOWED	EVER MARRIED 8	DATE OF BIRTH	9. AGE (In years lost birthdoy)	If Under 1 Tr. If Under 24 Hrs. Months Doys Hours Min.
	10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSI	NESS OR INDUSTRY T	1. BIRTHPLACE (State at fore	gn cauntry!	12. CITIZEN OF WHAT COUNTRY
	done during most of working life, even if refired)  HAUDEMARE	12			USA
	13. FATHER'S NAME	1-	Maryland  Mother's Maiden NAM	ME	-1211
1	CHARLES-Banger	L.	-KATHRY		bur
	15. Was Deceased Ever in U. S. Armed Forces? 16. S.	OCIAL U	7. INFORMANT	10 29000	ADDRESS
		ECURITY NO.	Mna Conses Ma		
	18. 44-10,9	CAUSE OF DEATH	MIS Grace Ma	irtin 7232	River Drive Rd
	DISEASE OR CONDITION DIRECTLY				BETWEEN ONSET AND DEATH
	LEADING TO DEATH (This does not mean the mode of dying, e.g.,		POSSIBR MI	L , »	O HISTORY OF WEEK
	heart laiture, asthenia, etc. It means the disease, injury, ar camplication which caused death.)	DUE TO, OR AS A	CONSEQUENCE OF:		Constitution of the consti
	ANTECEDENT CAUSES	ACHE	. Da La		
	DISEASES OR CONDITIONS, il any, giving	DUE TO, OR AS A	ONSEQUENCE OF:		
$\parallel$	rise to the above cause (A) stating the UNDERLYING CONDITION tast,	(c)			
I	I	(C)			***************************************
	O THE SIGNIFICANT CONDITIONS CONTRIBUTING				
	TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	***************************************	**********************	***************************************	***************************************
I	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  19A. DATE OF OPERATION 19B. CONDITION FOR WHICH WAS PERFORMED  3 11 7 2	OPERATION	20A. AUTOPST? (Tes ar No)	IN CERTIFYING CAU	NDINGS CONSIDERED SES OF DEATH?
	U 21A. ACCIDENT WAS UNDERLTING 21E PLAC	E OF INJURY (e.g., in c	or about 21 C. WHERE DID		City, give exact location)
	OR CONTRIBUTING CAUSE OF hame, form	, factory, street, office	e bldg., INJURY OCCUR?	hr in panimore	City, give exact location;
	Q 21 D. TIME (Month) (Day) (Year) (Hour) 21 F. IN 1111	RT OCCURRED	21F. HOW DID INJU	IRT OCCUR?	
	OF INJURT (APPROX.) While At	Not While			
	22. I certify that (I) (this hospital) attended the dec	At Wark L	** 14 7	0 0	6 1
	that (i) (we) last saw the deceased alive an	200-	1719.79 and the	y	an death accurred on the date
	and haur and fram the causes stated above. (1) (We)		/ 44	intiny/ (doi/ apini	on death accurred on the date
	23A. SIGNATURE		Judy direct deditio		23B. DATE SIGNED
I	er zijam	Attendi Phys.		Staff Phys.	3-18-72
l	23C. PHTSICIAN'S NAME (Type) REZA-SATA	DEGREE	ADDRESS		7
	1.57 31.04	DEGREE	CHORCH, HO	me & Hospi	lal.
1	4A. BURIAL CREMATION, 24B. DATE 24C. NAME of REMOVAL (Specify!	CEMETERT of CREM	ATORT 24D. LO	CATION (City.	town, or county) (Stotel
	Burial 3/20/72 Balti	more.	Ralt	timore, Ma	nurland
	SA. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REG	STRAR	25C. FUNERAL DIRECTOR	THUI E O	ryland ADDRESS
IF	MAR 2 0 1972 Valle & Fille M. # 5 150-REV. 1/1/68		Rechard 3	Ruck Inc.	Baltimore, Md
_	- THE 116 TO 17 17 WG				



H-540 72 02703 BALTIMORE CITY HE MEDICAL EXAMINER'S C	CERTIFICATE OF DEATH REG. NO. 72 02703
1. NAME OF DECEASED (Type or Print) KATHERINE HAMMEL	2. DATE Known Month Doy Yeor Hour OF DEATH Estimoted M.
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL ADDRESS OR LOCATION)	PRONOUNCED DEAD March 15, 1972 9:12 A.
3012 Northway Drive	S. USUAL RESIDENCE (Where deceosed lived. If institution: residence before odmission)  A. STATE  Maryland  B. COUNTY
6. SEX 7. RACE 8. MARRIED NEVER MARRIED   Pemale White WIDOWED   DIVORCED	C. CITY OR TOWN  Baltimore  D. INSIDE CITY LIMITS?  YES TO D
9. DATE OF BIRTH 10. AGE (In yeors If Under 1 Yr. If Under 24 Hrs. Months, Doys, Hours, Min.	E. STREET AND NUMBER  3012 Northway Drive
II. BIRTHPLACE (Stote or foreign country)  Maryland  Ida. USUAL OCCUPATION (Give kind of work) 148. KIND OF BUSINESS OR INDUSTRY  done-during most of procking life, even if cetired)  LnS. Under Writer U.S. F&G	Albert Hammel Alberts Maiden Name Anna Deitz
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, ngerunknown) (If yes, give wor or dotes of service)  213-12-768	18. INFORMANT ADDRESS
neof foliure, osmenia, etc. ir meons the disease, Injury or complication which coused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION (AST.	AS A CONSEQUENCE OF:  AS A CONSEQUENCE OF:
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISE ASE OR CONDITION GIVEN IN PART 1 (A).  20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WAR	
20A. DATE OF OPERATION 208. CONDITION FOR WHICH OPERATION W	AS PERFORMED 21. AUTOPSY? (Yes or No)
UTING CAUSE OF DEATH.  22D. TIME (Month) (Doy) (Year) (Hour) 22E.INJURY OCCURRED OF INJURY 3-14 or WHILE AT NOT	in or obout 22C. WHERE DID (If in Boltimore City, give exoct location) in DIVEY OCCUR?  3012 Northway Drive  22F. How DID INJURY OCCUR?  WHILE X Hanged self
I certify that I held on Inquiry Inspection X Au resulted from: Natural causes Accident Suicio	
ACTUAL SIGNATURE Charles S. Springate M.D.	CHIEF MEDICAL EXAMINER DATE SIGNED  ASSISTANT MEDICAL EXAMINER
EXAMINER'S Charles S. Springate, M.D.	ASSOCIATE MEDICAL EXAMINER  March 15, 1972
24A. BURIAL CREMATION, REMOVAL (Specify)  Burial  24B. DATE  24C. NAME of CEMETERY  3/18/72  Parkwood  25A. DATE REC'D BY HEALTH DEPT.  25B. NAME OF REGISTRAR	or CREMATORY 24D. LOCATION (City, town, or county) (Stote)  Raltimore, Maryland  25C. FUNERAL DIRECTOR
MAR 20 1972 Page & Bage 75 2 0 1	1 Leonard JORuck Inc. Baltimore, Md

xx cc blei, i yaz hard Person las. under writter U.S.Fai THE POST OF WITHOUT IN PRODUCT THE PROPERTY OF Decree 3/18/12 1 Description | Description of the Committee of the Committ , the same and send of the same of the sam

ical examiner or his assistant if death occurred in a hospital and	is, (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	cian who pronounced death was in regular attendance on the as in regular attendance on the deceased prior to death. Such	ains are embalmed or final disposition is made.
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and	shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such	written approval must be obtained before the remains are embalmed or final disposition is made.

/	2			BALTIMORE CITY	HEALTH DEPARTMENT		40 0000A
(	7-640	72	0270	4 CERTIFICA	TE OF DEATH	REG. NO	72 02704
	AME OF DECE	No	Gorre	Ш		AND HOUR OF DEATH	1
3. 1	PLACE IN BALT	IMORE, MARYLAND, W			4. USUAL RESIDENCE (W	here deceased lived. II	institution: residence before admission)
FU HO	LL NAME OF	(IF NOT IN HOSPITA	AL OR INSTIT	UTION, GIVE STREET	C. CITY OR TOWN	Talbot	7000
		twood Ave.			St. Michael	4	YES X NO
<	50				Chew Ave.		
S. S	M	6. RACE	7- MARRIED WIDOWED	NEVER MARRIED DIVORCED	12/24/1904	9. AGE (In years lost birthdoy) 67	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
100	- design many of a	PATION (Give kind of work vorking life, even if retired) tary—Treasur	-		Md.	oreign country)	USA
13.	FATHER'S NAA	AE	Gorre]	1	14. MOTHER'S MAIDEN N	AME	•
15. Y	Was Deceased	Ever in U. S. Armed For	ces? s of service)	1 6. SOCIAL	17. INFORMANT		ADDRESS
	10	, , , , , , , , , , , , , , , , , , , ,		212-01-4821	Mrs. Alverdia	Gorrell sam	e
CATION	DISEASES O rise la the UNDERLYING OTHER SIGNIFI TO THE DEATH DISEASE OR CO	ol meon the made at asthenio, etc. Il means plication which coused NTECEDENT CAUSES  R CONDITIONS, if abave couse (A) (CONDITION last,  Il CANT CONDITIONS COUNTY	the disease, deoth.) any, giving stating the NTRIBUTING HE TERMINAL T.I. (A).	(B) Coronal DUE TO, OR AS	A CONSTQUENCE OF:  MY MEATHEREM A CONSEQUENCE OF:  OSCLEPOSIS	c9	years
CERTIFIC	19A. DATE OF	WAS PER	FORMED			IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH?
	OR CONTRIBU	IT WAS UNDERLYING TING CAUSE OF medical examiner		ne, lorm, loctory, street, ol	n or obout 21 C. WHERE DID fice bldg., INJURY OCCUR?	(If In Boltimo	ore City, give exact location)
	21 D. TIME OF INJURY (APPROX.)	(Month) (Doy) (Yeor)		ile At Not While At Work		NJURY OCCUR?	
	that (I) (we)		d alive on	february i	February  2 19 72 and riew the bady after death	that in(my) (aur) op	Inlan death accurred an the date
	Dove 23C.PHYSICIAL	rald E. Fisi	ber M	GEGREE Phy	Med. Director 23D. ADDRESS	Staff Phys.	16 March 1972
	NAME (Ty	Donald E. Fi	sher	MD	St. Michaels	. Md.	
24A	BURIAL CREA	AATION, 248. DATE pecify)		AME of CEMETERY of CR			City, town, or county) (State)
	REMOVAL (S Surial	3/18/72	Lor	rraine		Balto. Md.	
_		BY HEALTH DEPT.	258. NAME		25C. FUNERAL DIRECT		ADDRESS  1to. Md.

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## FUNERAL DIRECTOR: IMPORTANT

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FU	PLACE IN BA				TUTION, GIVE STREET	A. USUAL RESI	B. COUN	ITY	1	on: residence before odm
IN:	NOITUTIES	1902 Woo				Baltimo	ore		YES	NO NO
5. 5	FX	6. RACE		7. 44 4 00150	NEVER MARRIED			9. AGE (In year	rs.   If I	Under 1 Yr., If Under 2
†0A			kind of work	WIDOWE	hand has	Feb.12		lost birthdoy)	Mo	nths Doys Hours A
	during most of	l working lile, eve Po	en if retired)			Italy				U.S.A.
	FATHER'S NA					14. MOTHER'S	MAIDEN NA	ME		
	Jos	eph Libe	rtini			Doroth	hy Rest	ivo		
15. (Yes	Was Deceose	d Ever in U. S. n) (If yes, give	Armed For	ces? is of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT		-14		ADDRESS
	no					Mr Jos	seph V	entura	126 E	Lake Ave
	heart failure	LEADING TO not meen the , osthenio, etc mplication whi ANTECEDEN	mode oi . II meons ch coused	the disease death.)	DUE TO, OR A	AUSE Hodgk	cins N E OF:	<u> Disease</u>		2 Yrs
ATION	heort foilure injury or co  DISEASES rise to the UN DERLYIN  OTHER SIGNITO THE DEA DISEASE OR	not meen the cost of the cost	mode of . II meons ch coused T CAUSES ONS, if ouse (A) N lost.	Ihe disease death.)  ony, giving stoling the MIRIBUTING HE TERMINAL IT 1 (A).	(B)	AS A CONSEQUENCE	E OF:			
RTIFICATION	heort foilure injury or co  DISEASES rise to the UN DERLYIN  OTHER SIGNITO THE DEA DISEASE OR	not meen the cost of the cost	mode of . II meons ch coused T CAUSES ONS, if ouse (A) N lost.	ony, giving slotting the NTRIBUTING HE TERMINAL (T) 1 (A).	g DUE TO, OR A	AS A CONSEQUENCE	E OF:			INGS CONSIDERED OF DEATH?
CAL CERTIFIC	DISEASES rise Io II UN DERLYIN OTHER SIGNITO THE DEA DISEASE OR 19 A. DATE O  21 A. A CCIDI OR CONTRIB DEATH (notified)	not meen the cost of the cost	mode of II meons ch coused T CAUSES ONS, if ouse (A) N lost.  ITIONS CO CLATED TO THE TOTAL TO	Ihe discosed deoth.)  ony, giving slotling the NTRIBUTING HE TERMINAL IT I (A). IDITION FORMED	(B)	AS A CONSEQUENCE	E OF:  CE OF:  SY? (Yes or No	D) 20B. IF YES, IN CERTIFYIN	WERE FINDI	
CAL CERTIFIC	DISEASES rise to fill UN DERLYIN  OTHER SIGN TO THE DEA DISEASE OR 19 A. DATE O	not meen the , osthenio, etc mplication whi  ANTECEDEN' OR CONDITIO THE above co G CONDITIO  IFICANT CONDITIO  IFICANT CONDITION GI OF OPERATION  ENT WAS UNCE	mode of II meons ch coused T CAUSES ONS, if ouse (A) N lost.  ITIONS COLLATED TO TO TO TO THE PROPERTY OF T	ony, giving slotling the MIRIBUTING HE TERMINAL IDITION FOR FORMED	(B)	20A. AUTOPS  with in or obout office bidg., INJUR	SY? (Yes or No	D) 20B. IF YES, IN CERTIFYIN (If In B	WERE FINDI IG CAUSES Boltimore City	INGS CONSIDERED OF DEATH?  y, give exoct locotion)
EDICAL CERTIFIC	heort foilure injury or co  DISEASES rise to il UNDERLYIN  OTHER SIGN TO THE DEAD DISEASE OR 19 A. DATE OF CONTRIBUTION OF INJURY (APPROX.)  21 Certif that (I)	not meen the condition of the condition	mode of II meons ch coused T CAUSES ONS, if ouse (A) N lost.  ITIONS CO LATED TO TO VEN IN PAR 19B. CON WAS PER 19B. CON ON O	Ihe discose deoth.)  ony, giving stoling the sterminal transfer of the	B. PLACE OF INJURY (e.g., me, form, foctory, street, c.)  E. INJURY OCCURRED (hile At A Wo the deceased from 16 MARCH)  (1) (W) (Little) (did not)	20A. AUTOPS  in or obout 21 C. W office bldg., INJUR.  Although the body of th	SY? (Yes or No	20B. IF YES, IN CERTIFYIN (If In B	WERE FINDI IG CAUSES Boltimore City	INGS CONSIDERED OF DEATH?  /, give exoct locotion
MEDICAL CERTIFIC	heort foilure injury or co  DISEASES rise to fl UNDERLYIN  OTHER SIGNITO THE DEADISEASE OR 19 A. DATE OF CONTRIBE DEATH (nofit)  21 A. ACCIDIOR CONTRIBE DEATH (nofit)  21 D. TIME OF INJURY (APPROX.)  22. I certif that (I) (and haur and haur and contribute of the c	not meen the course of the cou	mode of II meons ch coused T CAUSES ONS, if ouse (A) N lost.  ITIONS CO LATED TO TO VEN IN PAR 19B. CON WAS PER 19B. CON ON O	Ihe discose deoth.)  ony, giving stoling the sterminal transfer of the	B. PLACE OF INJURY (e.g., me, form, foctory, street, c.)  E. INJURY OCCURRED (hile At A Wo the deceased from 16 MARCH)  (1) (W) (Little) (did not)	20A. AUTOPS  in in or obout 21 C. Woffice bldg., NJUR  21F. H. hile 19 72  view the body of the body o	SY? (Yes or Not Where DID Y OCCUR?  OW DID INJ.  The and the after death.  And And Part of the Andrews Director	O) 20B. IF YES, IN CERTIFYIN  (If In B  URY OCCUR?	WERE FINDIG CAUSES  Ioltimore City  I.G.  Popinian  238.  1	MORCIA 19 death accurred an the DATE SIGNED

THE COURSE OF THE PARTY OF THE Ventoral Laure Marris 17, 1972 - Louise, mention to fair A. C. Berry A. Berry adjoor V. Schill mitmosporer some California al a el a el And wolf needs er braid for different desires to to done on their guote the identified and the following the state of the state of the the sape of the sale of the care the colt biome, wityline ter or tall-port passed it represal the first to the firs

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The rest of the second	he body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of deat	hows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Decease	was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on th	900	written approval must be obtained before the remains are embalmed or final disposition is made.	
	-		2	Title	20	

S-00	0 72 02	2706	to my	TE OF DEATH	REG. NO	72 02706
1. NAME OF DEC		uaus	TA	2. DATE	AND HOUR OF DEATH	2 550
FULL NAME OF	LTIMORE, MARYLAND, W (IF NOT IN HOSPIT, ADDRESS OR LOCA		/	4. USUAL RESIDENCE IW A. STATE 8. COU Maryland C. CITY OR TOWN	JN TY	nstitution: residence before admission
31	Baltimore 4940 East	ern Aver	nue	Baltimore E. STREET AND NUMBER		AES XX NO
5. SEX Female	Baltimore Gaucasian		NEVER MARRIED	8. DATE OF BIRTH ?	9. AGE (in years last birthday)	21224 If Under 1 Yr. II Under 24 Hr Months; Doys Hours Min.
HIGA, USUAL OCC	UPATION (Give kind of work working life, even if refired)	108, KIND OF	BUSINESS OR INDUSTRY	11. BERTHPLACE (State or fo	oreign country)	12. CITIZEN OF WHAT COUNTY
done during most of hSWf.  13. FATHER'S NAM	ohn G. Stricke	er		14. MOTHER'S MAIDEN N. Cather	ine	
15. Was Deceased (Yes, no or unknown	Ever in U. S. Armed Force) (If yes, give war or dates	es? of service)	16. SOCIAL SECURITY NO.	BCH RECORDS:	4940 East	ADDRESS ern Avenue 21224
DISEAS	SE OR CONDITION DIR LEADING TO DEATH not mean the mode of	dvina. e.a.	CAUSE OF DEAT	USE CHROIDRE	SPIRATORY	
heart failure, injury or carr	asthenia, etc. It means inplication which caused ANTECEDENT CAUSES	the disease.	DUE 10, OR AS	A CONSEQUENCE OF:	Merchan	
DISEASES C		ny, giving staling the		A CONSEQUENCE OF:	Metastas	340.
OTHER SIGNIF	II FICANT CONDITIONS CON THE BUT NOT RELATED TO TH	ITRIBUTING E TERMINAL	Rheu	matoid f	Intuite	ó

CERTIFIC 19A. DATE OF OPERATION 1198 CONDITION FOR WHICH OPERATION 20A. AUTOPST! (Yes or No.) 208. IF YES, WERE FINDINGS CONSIDERED WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 21B PLACE OF INJURY (e.g., in or obout 21C, WHERE DID home, form, factory, stoot, office bldg., INJURY OCCUR? (II In Boltimore City, give exect location) MEDICAL DEATH (notify medical examined 21 D. TIME OF INJURY (Month) (Day) (Year) (Hour) 21E INJURT OCCURRED 21F. HOW DID INJURY OCCUR? While At Not While [ (APPROX) Work At Work 22. I certify that (i) (this haspital) attended the deceased from that (i) (we) last saw the deceased alive an and that In(my) (aur) apinian death accurred an the date and haur and from the causes stated above. (1) (We) (did) (did nat) view the bady after death. 23A SIGNATURE 238, DATE SIGNED Attending Med. Stoff Phys. Director L Phys. 23C. PHYSICIAN'S 23D. ADDRESS NAME (Type) 4940 Eastern Avenue Karen O'Neill, M.D. Baltimore, Maryland 21224 24A. BURIAL CREMATION, 248. DATE 24C, NAME of CEMETERY OF CREMATORY 24D, LOCATION (City, town, or county) (Stote) REMOVAL ISpecify) Oak Lawn Cemetery burial 20 Mar 72 Balto. Co. MINd. 25A. DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS Wilrich Funeral Home, Balto., Md. 21206

VS 150-REV. 1/1/68

3134 Foster Avere.

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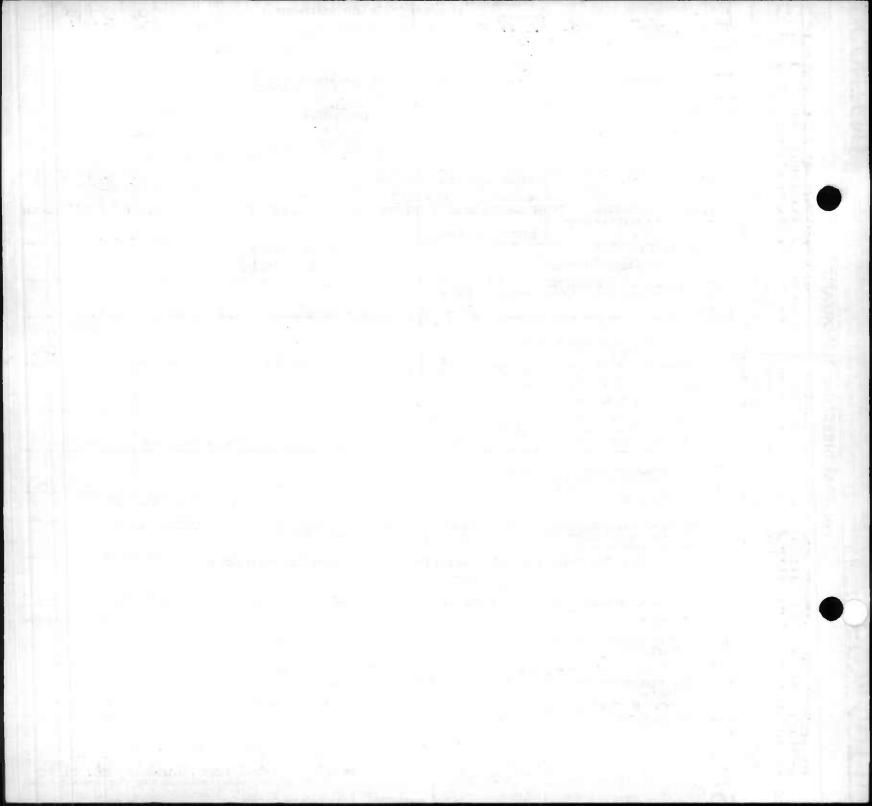
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## FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

			BALTIMORE CITY	HEALTH DEPARTA	MENT		ייים	0.0000
BIT	9-655 72 0270	)7	CERTIFICA	TE OF DEA	ATH	REG. NO	16	02707
	NAME OF DECEASED pe or Print)  TAMES V.	60	RMAN		3-10	HOUR OF DEATH	1	10:45 A M.
3.	PLACE IN BALTIMORE, MARYLAND, WHERE PR	ONOUNC	EO OEAO	4. USUAL RESIDEN	NCE (Where	deceased lived. If is	estitution: rer	sidence before admission)
FU	LL NAME OF (IF NOT IN HOSPITAL OR IN AODRESS OR LOCATION)	סודשזודצוי	ON, GIVE STREET	C. CITY OR TOWN	41		IDE CITY LIA	2788
15	SIMAL HOSAITAL OF	BAI	TIMORE.	BALT	IMORE		YES 🔊	по 🗆
L	+2 1416	00,4	, , , , , , , , , , , , , , , , , , , ,	E. STREET AND NO		NWARD		
5.	SEX 6- RACE 7- MARI WIDO		NEVER MARRIED DIVORCED	6 · 13 · 16	396	AGE (In years st birthday)	Il Under Months	1 Yr. If Under 24 Hrs. Days Hours Min.
	USUAL OCCUPATION (Give kind of work 10B, KIN oduring most of working life, even if refired)  Clerk				nte at foreign	country)		EN OF WHAT COUNTRY?
13.	FATHER'S NAME	ch of	1100	Md.	IOEN NAME		0.1	S.A.
	John Gorman				ry Hugh			
15. (Ye	Was Deceased Ever in U. S. Armed Forces? s,no or unknown) III yes, give war or dates of serv		SOCIAL SECURITY NO.	17. INFORMANT				ADDRESS
	no la	2	215-09-6970 CAUSE OF DEATH			in. 3535 H	ayward	Ave. 21215
	18. 4/2 41		CAUSE OF DEATE	<. ∨				ETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH			111		C ACISOS		3- VARUS
	(This does not mean the mode of dying,	e.g.,	DUE TO, OR AS	A CONSEQUENCE OF		C 27 C 7 GO 2		Z
	heart failure, asthenia, etc. It means the disc injury or complication which caused death.)	oase,						
	ANTECEDENT CAUSES		150	V.A. C.O	1.1.0.		1	ZIYEARS
	DISEASES OR CONDITIONS, If any, gi	wine	DUE TO, OR AS	A CONSEQUENCE O	)Ft			70070
	rise to the above cause (A) stating							
	UNDERLYING CONDITION last		(c)					
CATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTION THE DEATH BUT NOT RELATED TO THE TERMINATION OF	NG NAL						
TFICA	DISEASE OR CONDITION GIVEN IN PART 1 (A), 19A. DATE OF OPERATION 19B. CONDITION I WAS PERFORMED	FOR WHI	CH OPERATION	20A. AUTOPSY?	Yes at No	208, IF YES, WERE IN CERTIFYING CA	FINDINGS USES OF D	CONSIDERED
CERTIFI	21A ACCIDENT WAS UNDSELVING	1218 81 4	ACE OF INJURY (e.g., in		~O	06 1 D 30	Ch.	
CAL	21A- A CCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (nofily medical examines)	home, (	iarm, factory, street, of	fice bidg. INJURY O	CCUR	lis in Ballima	e City, give	exact location)
MEDI	21 D. TIME (Month! (Oay) (Year) [Hour) OF INJURY		JURT OCCURRED	21F. HOW	וטנאו פום	RT OCCUR?		
٤	(APPROX)	White A	Not While	· 🗆				
	22. I certify that (I) (this hospital) attend				10	77 00	3- 1	6 10 72
	that (i) (we) lost saw the deceased alive		2 11 11	7.0	.,			h occurred an the date
	and have and from the causes stated above	re. (I) (H	(e) (did) (did nat) v	iew the body often	r death.			
	23A. SIGNATURE						23 B. OATE	
	GUTIERRE	7	DEGREE Phys	nding Med.	for Pi	nys.	3	-16-72
	23C. PHYSICIAN'S NAME (Typel			23D. ADDRESS				
	TEXIX GUTIERREZ		DEGREE	SINA	1 405	AITAL ST	= 39	LTHYORE
24.		C. NAME	al CEMETERY of CRE	MATORY	24D. LOC	CATION (C	ity, town, or	caunty) [State)
	burial 20 Mar 72	Balt.	imore Cemeto	Shah	Re	Itimore. M	ส อาก	77
25.		ME OF R	REGISTRAR	25CHUNERAL I	DIRECTOR			ADDRESS
Ve	MAR 20 1572 Par & 32	Benja	V.B.			al Home, D	undalk	, Md. 21222
A 2	130-NE 44 1/1/00							



(	7-20	0 7	72 0	2708		TE OF DEAT		G. NO	72	02708
	AME OF DECI				OEK III 107		TE AND HOUR	OF DEATH		
Тур	e or Print)	Ruth M.	Cau	sey			arch 17,			٨
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD						4. USUAL RESIDENCE (Where deceosed lived, If institution: residence before admission A. STATE  B. COUNTY				
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)						Maryland 190e				
INSTITUTION ADDRESS OF EDGATION						C, CITY OR TOWN D. INSIDE CITY LIMITS?				
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	, 6011	Secour	5 110	sprear		237½ Sou		cker	Stre	eet
5. S	-	6. RACE		7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (tr	yeors	II Unde	or 1 Yr. If Under 24 Hrs Doys Hours Min.
	F	W		WIDOWED		Aug 17,19	916	55		
		JPATION (Give king or king life, even in			BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote	or foreign country		12. CITI	ZEN OF WHAT COUNTR
		Operat		Cloth	ning	Maryland				U.S.A.
3.	FATHER'S NAM					14. MOTHER'S MAIDE				
	Harr	y L. St	even	S			May Mos	S		
5. Yes	Was Deceased , no or unknown)	Ever in U. S. A	rmed Forc	es? of service)	1 6. SOCIAL SECURITY NO	17. INFORMANT				ADDRESS 21223
	No	0				Wilbur My	. Stever	s 128	S.	Schroeder !
	1B. 25	0/1			CAUSE OF DEAT	H L	earl 1	only.	0	APPROXIMATE INTERVAL
		E OR CONDIT		ECTLY		Cinin	7	100	Q	(11000)
		of mean the r		dying, e.g.,	(A) IMMEDIATE CA	A CONSEQUENCE OF:	whe	<u> </u>		
	heort foilure,	osthenia, elc. I	II meons	the diseose,	20210, 01 70	A CONSEQUENCE OF			14.14	
		ANTECEDENT			D	SCUT	\			Years
	DISEASES C	R CONDITION	NS, if o	iny, giving	DUE TO, OR A	A CONSEQUENCE OF:				
	rise to the	above caus	se (A)		Vot	ichet	en			Me war
	SHEERING	11	last.		(C)					
NO		ICANT CONDITIO								7
ATI	DISEASE OR C	H BUT NOT RELA ONDITION GIVE	N IN PART	1 (A).		100.4	N. V			
TIFIC	19A. DATE OF		VAS PERF		WHICH OPERATION	20 A. AUTOPSY? (Ye	s or No) 20B. IF IN CER	TES, WERE	USES OF	CONSIDERED DEATH?
CER	21 A. ACCIDEN	NT WAS UNDER	RLYING	21B	PLACE OF INJURY (e.g.,	in or obout 21 C. WHERE	DID	If in Boltimo	re City, giv	ve exact locotion)
AL	OR CONTRIBU	TING CAUSE	OF er)	hom etc.	e, form, foctory, street,	office bldg., INJURY OCC	U R?			
DIC	21 D. TIME	(Month) (Doy)	(Yeor)	(Hour) 21 E.	INJURY OCCURRED	21F. HOW D	ID INJURY OCC	U R?		
ME	OF INJURY				ile At Not Whi				1	1
		abaa (1) /ab:=	haestast		he deceased from	3715	19 77	3	117	/ 7 19
		last saw the			Seg-fram 5	19		(aus) asi	nian dec	ith accurred an the de
					) (We) (did) (did nat)	,		(001) opi	mun get	accomed an ine a
	23A. SIGNATU		ses sidi	)	/ (we) (ala) (ala nat)	view the oddy diter o	iedili.		23 B. DA	TE SIGNED
		1	2		DL	ending Med.	Staff Phys.		MA	
	23 C. PHYSICIA	N'S	50		DEGREE Ph	23D. ADDRESS	→ Phys. →		6396.1	10 1318
	NAME (T	ype)	A	5-4-		2065. (	ti/mo	P.	54	
244		MATION, 24B.	DATE	24C. N	OEGREE	REMATORY	24D. LOCATION	10	ity, town,	or county) (Stote)
В	urial	opecity)	/21/	72 Mea	dowridge M	em. Park	Howard	Count	y, M	laryland
		BY HEALTH DI		1 -	F REGISTRAP	250 FUNERAL DI	RECTOR			ADDRESS
	MAR 20	1972	& Beach	C AL	ASD, U	Walters	Funeral	Home	Pra	tt&Stricke
	150-REV. 1/1/6								0+	reets 2122

· 1988 - 1988 - 1988 - 1988 CODIL Adjuster

the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased

VS 150-REV. 1/1/68

14	72	0270
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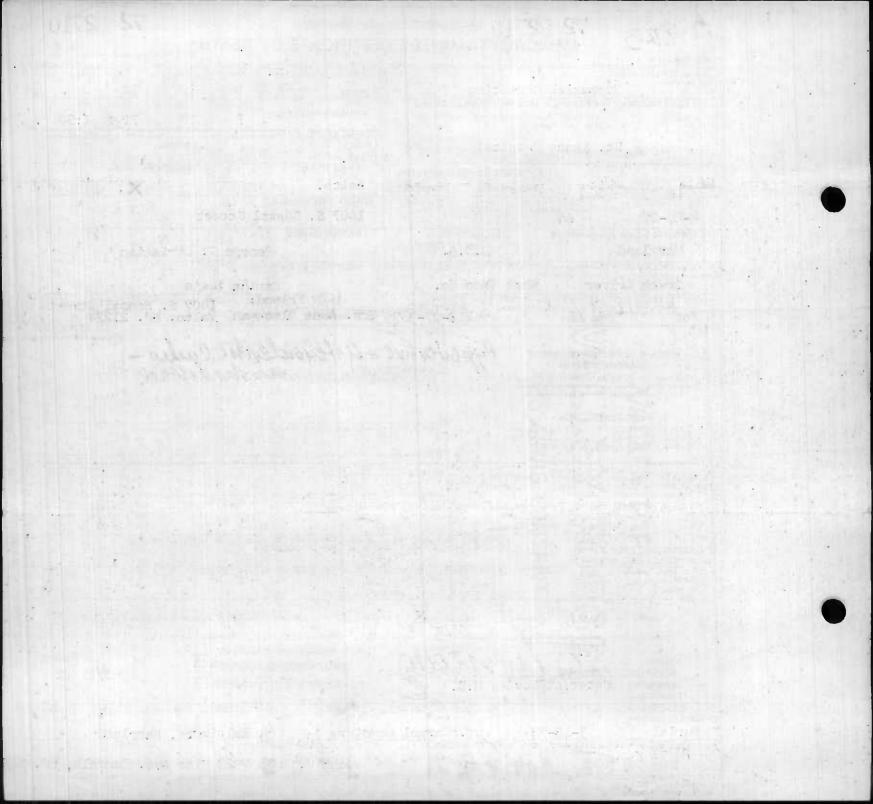
BIRTH NO.	5/4	12 0	2709	CERTIFICA	TE OF D	EATH	REG. I	NO	72 02709
I NAME OF	DECEASED						D HOUR OF		
Trype or ran	"GAMBLE,	SEPH	MARCH 15, 1972   12:20 P. M.  4. USUAL RESIDENCE IWhere deceased lived. If institution: residence before admission)  A. STATE  B. COUNTY  MARYLAND						
3. PLACE IN	BALTIMORE, MA								
HOSPITAL	OR ADDRES	TUTION, GIVE STREET	C. CITY OR TO			D. INSIDE CIT	Y LIMITS?		
		TAL	BALTI			YES			
4-6	31	- GIVLS	11031 1	1 PM L.	E. STREET AN		ALE AVI		
S. SEX MALE	CAUCA	SIAN	WIDOWED		8. DATE OF 81	07	9. AGE (In year lost birthday)	64 If U	nder 1 Yr. If Under 24 H hs Doys Hours Min
IOA, USUAL	OCCUPATION (Give lost of working life, ev	e kind of work 1 (	B. KIND O	F BUSINESS OR INDUSTRY	11. BIRTHPLAC	E (Stote or forei	gn country)		CITIZEN OF WHAT COUN
	HT MANAG		APA	RTMENTS	NEW	YORK			U.S.A.
13. FATHER					14. MOTHER'S		AE		0.0.5.
ROB	ERT GAMB	LE				SIDEN		3	
15. Wee Dec (Yes, no ar un	eased Ever in U. S. known) (If yes, give	war ar dates	e? af service)	16. SOCIAL SECURITY NO. 096 05 498	17. INFORMAN	T			PS26ATON AN
18, 2	0 77 17.			CAUSE OF DEAT	<u> </u>	NO AVE.	3 DALI	U I'D Z	APPROXIMATE INTERVA
(This de heart fairniury of DISEAS	ISEASE OR CONT  LEADING TO  CONTROL  CO	o DEATH o mode of d to it means th ich caused d t CAUSES IONS, if an iause (A) s in last.	ying, e.g., se disease, eath.)	(B) Al	A CONSEQUENCE	estive. E OF: In fra	hear	fais erosis	love .
OTHER ST TO THE DISEASE	II IGNIFICANT COND DEATH BUT NOT RE OR CONDITION GI	MONS CONT	TERMINAL				************	~***	
19A.DA	E OF OPERATION	WAS PERFO	TION FOR	WHICH OPERATION	YES	SYR (Yes or No.	IN CERTIFYIN	WERE FINDIN	GS CONSIDERED
OR CON	CIDENT WAS UND TRIBUTING CAU Inotify medical exam	DERLYING D JSE OF niner)	218 hon elc.	PLACE OF INJURY (e.g., ine., form, foctory, street, of	or obout 21 C. V	YHERE DID	(If In I	Boltimore City,	give exact location)
OF INJU	RY	oy) (Year)		INJURY OCCURRED  ile At		ILNI DID WO	JRY OCCUR?		
			attended t	he deceased fram	03 1	3 1	972 to	03	16 50
	rtify that () (thi	s hospital) a							15 19/7
22. 1 ce	(we) last saw th	e deceased	alive an	03 15	197	2 and the			15 1972 eath accurred an the d
22. I ce that (X)	(we) last saw the	e deceased	alive an		197	2 and the			
22. 1 ce	(we) last saw the	e deceased	alive an	03 15 X( <u>we) (did)</u> XeXeXX) v	lew the bady	2 and the		er) apinian d	
22. 1 ce that (X) and hav 23A. SIG	(we) last saw the connection of the connection o	e deceased	alive an	03 15 X( <u>we) (did)</u> XeXeXX) v	lew the bady	2 and the		er) apinian d	eath accurred an the d
22. 1 ce that (X) and have 23A. SIG	(we) last saw the connection of the connection o	e deceased	alive an	O3 15 W. (We) (did) Yelle X.X.X.) V DEGREE Physics P	lew the bady	2 and the after death.  Med. Director	it In(XX (au	er) apinian d	eath accurred an the d
22. I ce that (X) and hau 23A, SIGI 23C, PHY NA/	(we) last saw the prand from the construction of the construction	e deceased	alive an	DEGREE Physics AMODEL Physics Degree	nding A	2 and the after death.  Med. Director	shoff BALJO	er) apinian d	ATE SIGNED  3/15/12  29 WILKENS

5 m : 57 The state of the s STATISTICS CONTRACTOR The state of the s Marine what the white the

### 72 02710 BALTIMORE CITY HEALTH DEPARTMENT

72 0	271	0
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BIRTH NO.						
I. NAME OF DECEASED (Type or Print)	2. D	ATE Known	Month	Doy	Yeor	Hour
Frederick Christia	an Di	EATH Estimoted L	3	10	72	
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOI FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTIO	01	ATE RONOUNCED DEAD	Month	Doy	Yeor	Hour .
HOSPITAL ADDRESS OR LOCATION) OR INSTITUTION		SUAL RESIDENCE (Whe	3	10	72	1:50 p
St. Agnes Hospital	A. ST	Ad.		B. COUNTY	26	36
	J INEVEK MAKKIED	ITY OR TOWN		D. INSIDE C	ITY LIMITS?	
male White WIDOWED	DIVORCED [	Balto.		١	ES 🛛	NO 🗌
	- Davis Haves Mile	REET AND NUMBER 1407 S. Bons	al Str	eet		
	TIZEN OF 13. F	ATHER'S NAME	eorge	F. Chris	stian	
4A.USUAL OCCUPATION (Give kind of work) 14B. KIND OF BI lone during most of working life, even il retired) Truck Driver West Va			rtha I	ewi s		
	17. SOCIAL IB. II	NFORMANT Friends. Anne Blac	d:		Bonsal Id. 212	Street
19. // / /	CAUSE OF DEATH				AP	PROXIMATE INTERVA
ANTECEDENT CAUSES	(0)					
ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  II  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL	(B)————————————————————————————————————	CONSEQUENCE OF:				
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST	(C)					
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST	(C)				21. AUTO   N	PSY? (Yes or No
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  20A. DATE OF OPERATION 20B. CONDITION FOR W.  22A. EXTERNAL CAUSE WAS UNDERLYING TOR CONTRIB.	(C)	RFORMED	(If in Boltin	nore City, give ex	N	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  20A. DATE OF OPERATION 20B. CONDITION FOR W.  22A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CONTRIBUTING CAUSE OF DEATH.  22D. TIME (Month) (Doy) (Yeor) (Hour) 22(ABPROY)	(C)VHICH OPERATION WAS PEI	obout 22C. WHERE DID INJURY OCCUR?	Ì		N	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  II  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  20A. DATE OF OPERATION 20B. CONDITION FOR W.  22A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH.  22D. TIME (Month) (Doy) (Yeor) (Hour) 22I OF INJURY (APPROX.)  23.	VHICH OPERATION WAS PEI  LACE OF INJURY (e.g., in or of form, foctory, street, office bldg.  E. INJURY OCCURRED  HILE AT WORK	obout 22C. WHERE DID 1 22F. HOW DID 1	NJURY OC	CUR?	N soct location)	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  20A. DATE OF OPERATION 20B. CONDITION FOR W.  22A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTION OF CONTRIBUTI	VHICH OPERATION WAS PEI  LACE OF INJURY (e.g., in or form, foctory, street, office bldg.	obout 22C. WHERE DID 1 22F. HOW DID 1	NJURY OC	CUR?	N soct location)	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  II  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  20A. DATE OF OPERATION 20B. CONDITION FOR W.  22A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH.  22A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH.  22B. PIN (Month) (Doy) (Yeor) (Hour) 221 OF INJURY (APPROX.)  23.  I certify that I held on Inquiry resulted from: Natural causes Accual SIGNATURE EXAMINER'S Peter Lipkovic.	VHICH OPERATION WAS PEI  LACE OF INJURY (e.g., in or of form, foctory, street, office bldg.  E. INJURY OCCURRED  HILE AT NOT WHILE AT WORK  Inspection Autopsy cident Suicide	obout 22C. WHERE DID , etc.) INJURY OCCUR?  22F. HOW DID I	this basis Undetern EXAMINEI	CUR?	N soct location)	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  20A. DATE OF OPERATION 20B. CONDITION FOR W.  22A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB.  UTING CAUSE OF DEATH.  22D. TIME (Month) (Doy) (Yeor) (Hour) 22I W. (APPROX.)  7. I certify that I held on Inquiry OF INJURY (APPROX.)  1. I certify that I held on Inquiry OF INJURY (APPROX.)  23. I certify that I held on Inquiry OF INJURY (APPROX.)  24A. BURIAL CREMATION, 24B. DATE 24C	VHICH OPERATION WAS PEI  LACE OF INJURY (e.g., in or of form, foctory, street, office bldg.  E. INJURY OCCURRED  HILE AT NOT WHILE AT WORK  Inspection Autopsy cident Suicide   M.D.  M.D.  NAME of CEMETERY or CR	and that on Homicide  CHIEF MEDICAL ASSISTANT MEDICAL ASSOCIATE MEDICAL EMATORY  22C. WHERE DID 1  22F. HOW DID 1  CHIEF MEDICAL ASSISTANT MEDICAL	this basis Undetern EXAMINEI	CUR?	N soct location)	DATE SIGNED 1/11/72
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  20A. DATE OF OPERATION 20B. CONDITION FOR W.  22A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH.  22D. TIME (Month) (Doy) (Yeor) (Hour) 22I W. (APPROX.)  23.  I certify that I held on Inquiry M. W.  23.  I certify that I held on Inquiry M. W.  ACTUAL SIGNATURE EXAMINER'S Peter Lipkovic, MAME (Type)  24A. BURIAL CREMATION, 24B. DATE 24C REMOVAL (Specify)  Burial 3-15-72	VHICH OPERATION WAS PEI  LACE OF INJURY (e.g., in or of form, foctory, street, office bldg.  E. INJURY OCCURRED  HILE AT NOT WHILE AT WORK  Inspection Autopsy cident Suicide  M.D.  M.D.	and that on Homicide  CHIEF MEDICAL ASSISTANT MEDICAL ASSOCIATE MEDICAL EMATORY  22C. WHERE DID 1  22F. HOW DID 1  CHIEF MEDICAL ASSISTANT MEDICAL	this basis UndeterrexAMINES EXAMINES EXAMINES LOCATIO	cur?  s, deoth in my nined monner c xxx  City, tow	N (oct location)	DATE SIGNED (/11/72)



# FUNERAL DIRECTOR: IMPORTANT

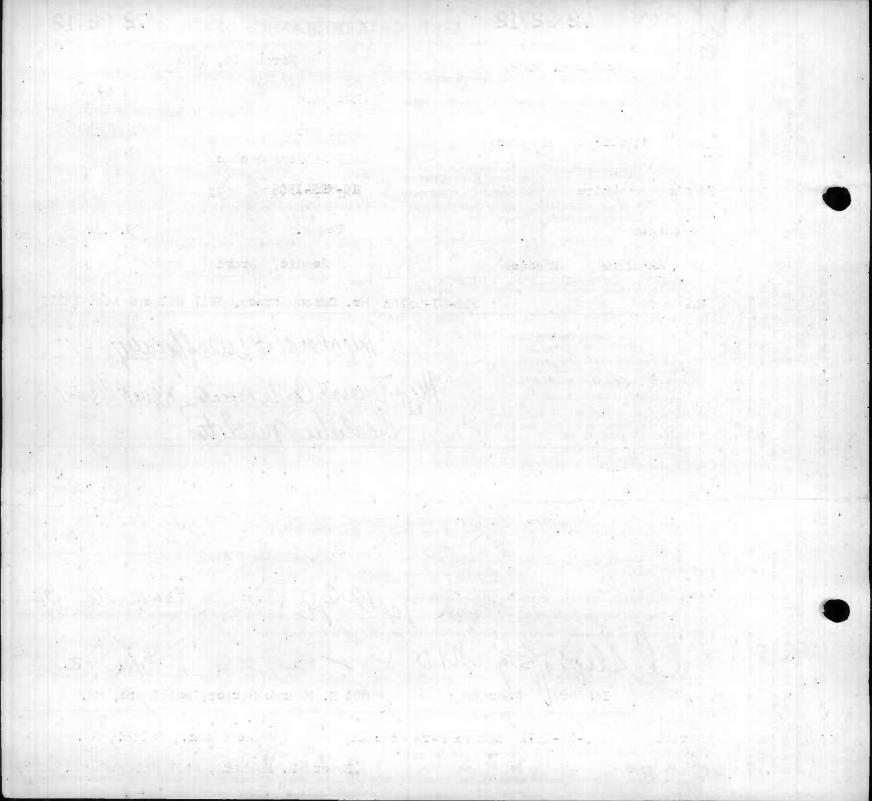
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

	1 , 10	BALTIMORE CITY	HEALTH DEPARTMENT		70 00m
	H-612 72 0271	1 CERTIFICA	TE OF DEATH	REG. NO	72 02711
	PO OF PRINT ARBAUGH, 6	44. E.	3-	15-72	10.30 AM
3.	PLACE IN BALTIMORE, MARYLAND, WHERE PRO	NOUNCED DEAD	4. USUAL RESIDENCE (When	TY .	utions residence before admission)
H	ILL NAME OF IF NOT IN HOSMTAL OR IN: ADDRESS OR LOCATION)	STITUTION, GIVE STREET	C. CITY OR TOWN		€ ·   307 CITY LIMITS?
1	landa .	11	BALTMORE	- Υ	ES NO
	HE UNION MEMORIAL	(tospital.		LLS ROAD	
5.	SEX 6- RACE 7- MARRI	ED MISSACK MONKINGS	1 - 12 - 96.	est birthdoy	N Under ) Yt. If Under 24 Hrs. Aonths Doys Hours Min.
	LUSUAL OCCUPATION (Give kind of work 102, KIND to during most of working life, even if refired)	OF BUSINESS OR INDUSTRY			12 CITIZEN OF WHAT COUNTRY?
	RETIRED. TE	XTILE	MARYLA		USA.
13.	ARBAUGH JAC	OR	14 MOTHER'S MAIDEN NAM	NKNOWN	1
15.	Wes Decembed Ever in U. S. Armed Forces?		17. INFORMANT	10101000	ADDRESS
(Ye	YES IST W. W.	215-07-6471A	ELSIE P. AR	BAUGH 396	2 FALLS ROAD
	18. / 8 5 X I	CAUSE OF DEAT			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
li l	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	5.555-717741E-294	- CA of PROC	TATE EL	UNG. MEMSTASI.
	(This does not mean the mode of dying, a heart failure, asthenia, etc. it means the disec	LOW DUE TO OR AC	SE CONSEQUENCE OF:	7,1000	910011101111311
	injury or complication which caused death.)	1649	-4		
1	ANTECEDENT CAUSES	(8)			
	DISEASES OR CONDITIONS, if any, givenise to the above cause (A) stating	the DUE TO, OR AS	A CONSEQUENCE OF:		
	UNDERLYING CONDITION lost.	(c) CA1	- 411.		
NOIT	OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO THE TERMIN	NG			
ERTIFICA	DISEASE OR CONDITION GIVEN IN PART 1 (A).  19A DATE OF OPERATION 19E CONDITION FOR WAS PERFORMED	OR WHICH OPERATION	20A. AUTOPSTR (Yes or No.	208, IF YES, WERE FIN	DINGS CONSIDERED ES OF DEATH?
CER	21A ACCIDENT WAS UNDERLYING	21B PLACE OF INJURY In. g., i	n or obout 21C, WHERE DID	(II In Bolttmore C	City, give exact location)
CAL	OR CONTRIBUTING CAUSE OF DEATH Inotify medical examined	home, tarm, tactory, street, of etc.)	fice bidg., INJURY OCCURY	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
MED	21D-TIME IMonth) (Doy) (Year) (Hour) OF INJURY (APPROX.)	216 INJURY OCCURRED  While At Work  Not Work	21F. HOW DID INJ	URY OCCUR?	
	22. I certify that (1) (this hospital) attended			19 72 to 3 -	- 15 19 72
	that (1) (we) lost saw the deceased alive		19 72 ond the	at in (my) (our) opinio	on death occurred on the date
	and hour and from the causes stated obove	o. (i) (We) (did) (did not) v	iew the body ofter death.		
	23A. SIGNATURE	Atte	nding Med.		3-15-72
	23C.PHYSIZIAN'S	DEGREE Phy	Director L	Phys. LA	3-12-16
	PAME (Type) JULIO A. T	CTO MD	THE UNION	V MENORIA	AC HOSPITAL.
24	A. BURIAL CREMATION, 24B. DATE 240	4- 44	MATORY 24D. LO	CATION (City.	town, or county) (State)
	BURIAL 3-18-72	DRUID RID	rt Pi	KESVILLE	MD
25	A. DATE REC'D BY HEALTH DEPT. 25B, NAME OF THE PARTY OF T	ALOF REGISTRAR	Coult dein	236170	Leton Ave
VS	150-REV. 171/68				

TENTILE WWW. Tel Side in Albanian and Side in Alban

written approval must be obtained before the remains are embalmed or final disposition is made.
deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such
was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the
shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased
the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death
This certificate must be approved by the chief medical examiner or his assistant it death occurred in a hospital and

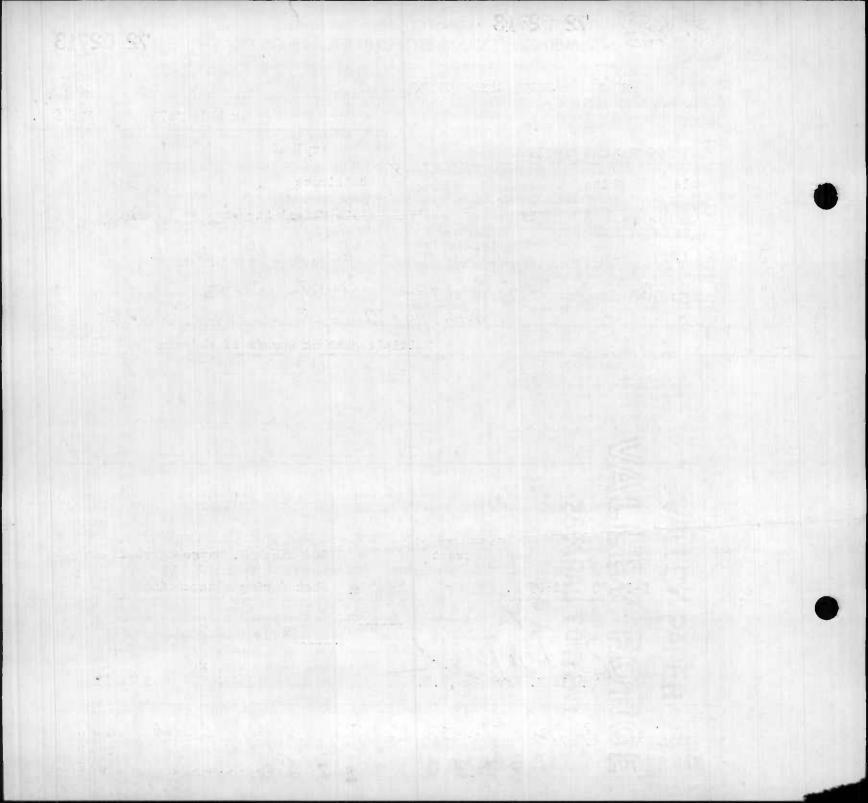
-1	) WO 6		BALTIMORE CITY	HEALTH DEPARTMENT		
7-61	10 12	2712	CERTIFICA	TE OF DEATH	REG. NO	72 02712
BIRTH NO.	DECEASED			2. DATE	AND HOUR OF DEATH	1
(Type or Print)	Adeline M.	Froeb		Marc		м.
3. PLACE IN I	BALTIMORE, MARYLAND,		INCED DEAD	4. USUAL RESIDENCE (WI		institution: residence before odmission)
FULL NAME HOSPITAL OR		TAL OR INSTITU	JTION, GIVE STREET	Maryland		1903
INSTITUTION	ADDRESS ON LOC	, A IION/		C. CITY OR TOWN	D. INS	SIDE CITY LIMITS?
38	University I	Hospital		Baltimore E. STREET AND NUMBER		YES X NO
				1817 Wilkens	Avenue	
s. sex Female	6. RACE White	7- MARRIED [	NEVER MARRIED DIVORCED	B. DATE OF BIRTH	9. AGE (In years last birthdoy) 62	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
10A, USUAL O	CCUPATION (Give kind of wo			11. BIRTHPLACE (State or fo		12. CITIZEN OF WHAT COUNTRY?
done during mos Homema	t of working life, even if retired) aker			Penna.		U.S.A.
13. FATHER'S	NAME			14. MOTHER'S MAIDEN N	AME	
l A	Augustus R	hoades		Jennie	Brost	
15. Wos Decea	sed Ever in U. S. Armed Fo	orces?	1 6. SOCIAL	17. INFORMANT		ADDRESS
No No	own) (If yes, give wor or do	tes of service)	213-07-9578B	Mr. Gustav Fr	oeb, 1817 Wi	ilkens Ave. 21223
18.	0.71		CAUSE OF DEATH	1		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DIS	EASE OR CONDITION D	IRECTLY	(	hus no ds.	111.1.11	BETWEEN ONSET AND BEATH
	LEADING TO DEATH		(A)IMMEDIATE CAU	fry ocor wa	e ments	ecelly,
	s not mean the mode ours, osthenio, etc. It mean		DUE TO, OR AS	A CONSEQUENCE OF:	70	
	complication which cause		Al. T	701		Seun dirace
	ANTECEDENT CAUSE	S	HUPEL	ensia Conte	Nonela /	Sour wear
DISEASES	OR CONDITIONS, if	ony, giving	DUE TO, OR AS	A CONSEQUENCE OF:	0	
	the above couse (A)	slating the	16	a alotta M	1000 ton	
UNDERLY	ING CONDITION last.		(C)	i accerta j ju	CCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCC	
Z	11	ONITRIBUTING				
TO THE D	EATH BUT NOT RELATED TO	THE TERMINAL				
DISEASE O	OF OPERATION 198. CO	ART 1 (A).	WHICH OPERATION	20A. AUTOPSY? (Yes or	No) 208. IF YES. WERE	FINDINGS CONSIDERED
19A. DATE	WAS PE	RFORMED		7013111113	IN CERTIFYING C	AUSES OF DEATH?
	DENT WAS UNDERLYING	21 B.	PLACE OF INJURY (e.g., i	n or obout 21C. WHERE DID	(If In Boltime	ore City, give exact location)
DEATH (n.	RIBUTING CAUSE OF offify medical examiner	hom etc.)		fice bldg., INJURY OCCUR?		
21 D. TIME		) (Hour) 21 E.	INJURY OCCURRED	21F. HOW DID II	NIURY OCCUP?	
2 01 11130K			le At TO Not While		HJORT OCCUR:	
(A PPROX.)		Wo			0	
22. I cert	rify that (I) (this haspite	al) attended t	ne deceased fram	19 60	_19to	Mch 60 1972.
that (1) (	we) last saw the deceo	sed olive an	Keyer 14	19.72 and	that in (my) (aur) ap	pinion death occurred on the date
				iew the body ofter deoth	1.	
23A. SIGN		110	MAXI			23B. DAJE SIGNED
ſ	Vedtron	isty	/VIII Atte	nding Med.	Staff	2/16/77
23C. PHYSI	CIANS	1	DEGREE Phy	23D. ADDRESS	Phys. 🗀	1/10/1
NAM	Isadore	Sbord	ofsky	601 N. Monroe	Street, Bal	ltimore, Md.
24A. BURIAL	CREMATION, 248. DATE	24C. N	DEGREE	MATORY 24D.	LOCATION (	City, town, or county) (State)
Buria	1 3-20-				ilkens Ave	Ralto Md
	C'D BY HEALTH DEPT.		udon Park Ceme	25C. FUNERAL DIRECTO		Balto., Md.
AND A C	4050 OA	1 7	2000	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		Wilkens Ave. 21229
MAK 20	TABLE E	Walley A	r.D.	MIOWATU II.	abbatu, 410/	WIIKCHS AVE. ZIZZY



### G-463 72 02713 BALTIMORE CITY HEALTH DEPARTMENT

					MAL CO
MEDICAL	EV A MAINTED'C	CEDTIEICATE	OF	DEATH	72
MEDICAL	EVAWIIJEK 2	CERTIFICATE	OF	DEATH REC NO	12

6-463 MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO	72 02713
BIRTH NO.	
1. NAME OF DECEASED (Type or Print) RAYMOND JOSEPH GAYLEARD SP.   2. DATE Known   Month Doy OF Estimated   Estimated	Yeor Hour
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 3. DATE Month Doy	Yeor Hour
FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)  [F NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION]  [F NOT IN HOSPITAL OR INSTITUTION ADDRESS OR LOCATION]  [F NOT IN HOSPITAL OR INSTITUTION ADDRESS OR LOCATION]	<u>M.</u>
BON SECOURS HOSPITAL  A STATE Maryland  B. COUNTY	2553
6. SEX 7. RACE B. MARRIED NEVER MARRIED C. CITY OR TOWN D. INSIDE C. MARRIED Baltimore	_/
WIDOWED DIVOKCED	YES NO .
Host bigthday) Months, Days, Hours, Min.	: My. 21230
11. BIRTHPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNTRY?  13. FATHER'S NAME  OF THE PROPERTY OF	,
14 A USUAL OCCUPATION (Give kind of work) 148. KIND OF BUSINESS OR INDUSTRY 15. MOTHER'S MAIDEN NAME	
14A. USUAL OCCUPATION (Give kind of work) 148. KIND OF BUSINESS OR INDUSTRY 15. MOTHER'S MAIDEN NAME done during most of working life, even if retired)	
Menter Self-Conflaged Ulyesta From	1000000
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give wor or dotes of service)  24-38-4148  Onna Shadle -1926 Ma	ADDRESS Lee La 2 (230
CAUSE OF DEATH	APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY  Multiple gunshot wounds of abdomen	BETWEEN ONSET AND DEATH
LEADING TO DEATH (A) IMMEDIATE CAUSE	
(This does not mean the mode of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF: heort foilure, osthenio, etc. It means the disease, injury or complication which coused death.)	
ANTECEDENT CAUSES (8)	
DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO, OR AS A CONSEQUENCE OF:	
UNDERLYING CONDITION LAST	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL	The Land Street Control
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WAS PERFORMED	
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WAS PERFORMED	
	21. AUTOPSY? (Yes or No)
	21. AUTOPSY? (Yes or No) yes
22A. EXTERNAL CAUSE WAS  22B. PLACE OF INJURY (e.g., in or obout 22C. WHERE DID (if in Boltimore City, give e home, farm, foctory, street, office bidg., etc.) INJURY, OCCUR?	yes yes
22A. EXTERNAL CAUSE WAS UNDERLYING BOR CONTRIB- STREET OF INJURY (e.g., in or obout 122C. WHERE DID (If in Boltimore City, give e home, form, foctory, street, office bldg., etc.) INJURY OCCUR?  22B. PLACE OF INJURY (e.g., in or obout 122C. WHERE DID (If in Boltimore City, give e home, form, foctory, street, office bldg., etc.) INJURY OCCUR?  22D. TIME (Month) (Doy) (Year) (Hour) 122E INJURY OCCURRED 22E, HOW DID INJURY OCCUR?	yes yes
22A. EXTERNAL CAUSE WAS UNDERLYING MOR CONTRIB- UTING CAUSE OF DEATH.   22B. PLACE OF INJURY (e.g., in or obout INJURY OCCUR? Street Street office bldg., etc.)   22C. WHERE DID (if in Boltimore City, give thome, farm, factory, street, office bldg., etc.)   10	yes xoctlocolion) treet
22A. EXTERNAL CAUSE WAS UNDERLYING BOR CONTRIB- STREET OF INJURY (e.g., in or obout 122C. WHERE DID (If in Boltimore City, give e home, form, foctory, street, office bldg., etc.) INJURY OCCUR?  22B. PLACE OF INJURY (e.g., in or obout 122C. WHERE DID (If in Boltimore City, give e home, form, foctory, street, office bldg., etc.) INJURY OCCUR?  22D. TIME (Month) (Doy) (Year) (Hour) 122E INJURY OCCURRED 22E, HOW DID INJURY OCCUR?	yes  xoct locotion)  treet  on
22A. EXTERNAL CAUSE WAS UNDERLYING MOR CONTRIB. UTING CAUSE OF DEATH.   22B. PLACE OF INJURY (e.g., in or obout NURY OCCUR? Street of ice bidg., etc.)   22C. WHERE DID (if in Boltimore City, give thome, farm, foctory, street, office bidg., etc.)   24U Block S. Paycon Street of injury OCCUR?   22D. TIME (Month) (Doy) (Yeor) (Hour)   22E. INJURY OCCURRED   22F. HOW DID INJURY OCCUR?   22F.	yes  xoct locotion)  treet  on  y opinion
22A. EXTERNAL CAUSE WAS UNDERLYING MOR CONTRIBUTING CAUSE OF DEATH.  22D. TIME (Month) (Doy) (Yeor) (Hour) (APPROX.) 3-18-72 12:35 A.m. WHILE AT WORK Short of the first of th	yes  xoct locotion)  treet  on  y opinion
22A. EXTERNAL CAUSE WAS UNDERLYING MOR CONTRIB. UTING CAUSE OF DEATH.  22D. TIME (Month) (Doy) (Yeor) (Hour) (APPROX.) 3-18-72 12:35 A.m., WHILE AT WORK NOT WHILE AT WORK Short of the from: Natural couses Accident Suicide Homeicide Months (Doy) (Yeor) (Approx.) Accident Ac	yes  xoct locolion) treet  on y opinion  DATE SIGNED
22A. EXTERNAL CAUSE WAS UNDERLYING SOR CONTRIBUTING CAUSE OF DEATH.   22D. TIME (Month) (Doy) (Yeor) (Hour)   22E.INJURY OCCURRED OF INJURY   3-18-72   12:35 A.m.,   WHILE AT   NOT WHILE   AT WORK   Shot during altercati   Accident   Suicide   Homicide   Undetermined monner   CHIEF MEDICAL EXAMINER   ACCIDENT	yes  xoct locotion)  treet  on  y opinion
22A. EXTERNAL CAUSE WAS UNDERLYING SOR CONTRIB. UTING CAUSE OF DEATH.   22D. TIME (Month) (Doy) (Yeor) (Hour)   22E.INJURY OCCURRED OF INJURY OCCURRED OF INJURY OCCUR?   Shot during altercati   AT WORK   Shot during altercati   Shot during altercati   Accident   Suicide   Homicide   Undetermined monner   CHIEF MEDICAL EXAMINER   ASSISTANT MEDICAL EXAMINER   ASSOCIATE MEDICAL EXAMINER   AS	yes  xoct locotion) treet  on  y opinion  DATE SIGNED  3/18/72
22A. EXTERNAL CAUSE WAS UNDERLYING SOR CONTRIB. UTING CAUSE OF DEATH.   22D. TIME (Month) (Doy) (Yeor) (Hour)   22E.INJURY OCCURRED OF INJURY OCCURRED OF INJURY OCCUR?   Shot during altercati   AT WORK   Shot during altercati   Shot during altercati   Accident   Suicide   Homicide   Undetermined monner   CHIEF MEDICAL EXAMINER   ASSISTANT MEDICAL EXAMINER   ASSOCIATE MEDICAL EXAMINER   AS	yes  xoct locolion) treet  on y opinion  DATE SIGNED
22A. EXTERNAL CAUSE WAS UNDERLYING SOR CONTRIBUTING CAUSE OF DEATH.  22D. TIME (Month) (Doy) (Yeor) (Hour) 22E.INJURY OCCURRED OF INJURY 3-18-72 12:35 A.m. WHILE AT WORK Shot during altercati AT WORK SIGNATURE EXAMINER'S RONald N. Kornblum, M.D. ASSISTANT MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER ASSOCIATE MEDICAL	y opinion  DATE SIGNED  3/18/72  wn, or county) (Stote)
22A. EXTERNAL CAUSE WAS UNDERLYING MOR CONTRIB. UTING CAUSE OF DEATH.  22D. TIME (Month) (Doy) (Yeor) (Hour) (APPROX.) 3-18-72 12:35 A. M. WHILE AT WORK Short of the from: Natural couses Accident Suicide Home, Suicide Home, Matural couses Accident Suicide Homicide Month on this bosis, deoth in more suicide from: Natural couses Accident Suicide Homicide Month on this bosis, deoth in more suicide from: Natural couses Accident Suicide Homicide Month on this bosis, deoth in more suicide from: Natural couses Accident Accident Assistant Medical examiner Assistant Medical examiner Assistant Medical examiner Associate Medical examiner Associa	yes  xoct locotion) treet  on  y opinion  DATE SIGNED  3/18/72



	21 2-2	Cri	02714	BALTIMORE CITY	Y HEALTH DEPARTA	MENT	י פניו	0004 4
	7-2524 RTH NO.	12	UZ/14	CERTIFICA	TE OF DEA	TH REG. NO	). /R	2714
1. i (Ty	pe of Plint Pymas	MMC	Knish-	(	2. [	BITTITE	ATH	.630 PM
3.	PLACE IN BALTIMORE	MARYLAND	, WHERE PRONOU	NCED DEAD	4. USUAL RESIDEN	CE (Where deceased lived. B. COUNTY	. If institution; resi	dence before odmission)
H	DSPITAL OR AD	NOT IN HO	SPITAL OR INSTITU	TION, GIVE STREET	Md.	TE.	INICIDE CITO	2547
	South Ba		ore Gen		C. CITY OR TOWN	nore.	YES Y	NO 🗌
1	3001 5.	Har	Lover 5	7	E. STREET AND NU			
5.	SEX 6. RACE	10.0	7. MARRIED X	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1	Yr. If Under 24 Hrs.
	M Ca	Lycosia	WIDOWED	DIVORCED	10-7-0		Manths D	ays Haurs Min.
dar	USUAL OCCUPATION a during most of working life			BUSINESS OR INDUSTRY	11. BIRTHPLACE (State	e ar fareign cauntry)		N OF WHAT COUNTRY?
	BUTN ET		beth.	Steel	14. MOTHER'S MAIL		u	SA
	Raymon	& M	cknie	ht	Mand	>	ook's	
1S. (Ye	Was Deceased Ever in s,no grunknown) (If yes,	U. S. Armed	Forces?	6. SOCIAL SECURITY NO.	17. INFORMANT	ushill	A	DDRESS
	NO			285-05-8285	Fachel	Klebe	Same a	i &
	18.5 / 9	1		CAUSE OF DEAT	Н			APPROXIMATE INTERVAL
	DISEASE OR C LEADIN	G TO DEA		(A) IMMEDIATE CAS	gendral a	my huma		+ Days
	(This does not meon heart failure, asthenia	, etc. it me	eans the disease,		A CONSEQUENCE OF:	· ·		t
	injury or complication	Which cau		W		O A 12 A C MANAGES		0.11.20
	DISEASES OR CON	IDITIONS,	if any, giving	(B) DUE TO OR AS	CONSEQUENCE OF	proc		my grac
	rise to the above UNDERLYING COND			(c) Chr	ie objetu	Ane army	byase.	< yens
z	OTHER CICALIFICANT OF		CONTRIBUTING	Δ	(11)			20
ATIO	TO THE DEATH BUT NO DISEASE OR CONDITION	OT RELATED	TO THE TERMINAL	14-		*******************************		e yar.
ERTIFIC	19A. DATE OF OPERAT	ION 19B.		HICH OPERATION	20 A. AUTOPSY? (Y		CAUSES OF DE	ONSIDERED ATH?
CAL CE	21A. ACCIDENT WAS OR CONTRIBUTING DEATH (natify medical	CAUSE OF	21B. F hame etc.)	PLACE OF INJURY (e.g., i farm, foctory, street, o	n ar about 21 C. WHERI ffice bldg., INJURY OC	E DID (If in Bal	timore City, give e	exact location)
VEDI	21 D. TIME (Month) OF INJURY	(Day) (Y		NJURY OCCURRED		DID INJURY OCCUR?		
2	(APPROX.)		While	At Wark				
	22. I certify that (I)			deceased from	13 Mar	1972 to	Mari	7 1922.
	and have and from the			(We) (did) (did not)		ond that in (my) (our)	opinion deoth	occurred on the dote
	23A. SIGNATURE	A	1 = 1			deoin.	23B. DATE	SIGNED
	Colven	1 Cc	Carter		s. Med. Directo	Staff Phys.	3/1	17/72
	NAME (Type)	/	1 0	to- N.D	300 S.	Hanquer S	4. BELT	o. Md.
24/	BURIAL CREMATION,	24B. DATE	24C.NA/	ME of CEMETERY OF CR	JONTH D	24D. LOCATION	(City, town, ar	county) (State)
	Burial	3/2	1/72 (1)	len Haven (em	etenu	Anna Annada		44.4
25	DATE REC'D BY HEAL	TH DEPT.	25B. NAME OF	REGISTRAR	25C. FUNERAL D	( )		ADDRESS
VS	150-REV. 1/1/6B		ALCO A	123	Ac Cully	F.H. 237 Pate	ipsco Ave.	Balto. 21225

10 -0 -0 book 62 and the state of the state of the A VOVA Colored to the second of the s dated 2/20/22 plea were meters were unable o. datte. in. see State of the second 
this certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased

was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BALTIMORE CITY HEALTH DEP

	DECEASED MARY KA	ATHRYN K	RAUCH			and Hour of arch 16,		1:25	Р.,
3. PLACE IN	BALTIMORE, MARYLAND, W	VHERE PRONO	JNCED OEAD	4. USUAL RESID	B. COL		ed. If instituti	ion: residence before	odmission)
FULL NAME	F OF (IF NOT IN HOSPIT	AL OR INSTITU	JTION, GIVE STREET		Md.	Baltimo	re	. 5	300
HOSPITAL O	ADDRESS OR LOCA	ATION)		C. CITY OR TOW	/N	2 - 2 - 2 - 3	D. INSIDE C	ITY LIMITS?	
US Pi	iblic Health Ser		spital	Fuller			YES	ONO TO	t
7 370	00 Wyman Parkwaj	7		E. STREET AND 42 He	number nry Av	venue			
S SEX	6. RACE Caucasian	WIDOWED		8. DATE OF BIRT 2/6/49		9. AGE (In ye lost birthday)	ors If	Under 1 Yr. If Unnths Days Haurs	der 24 Hrs. Min.
	OCCUPATION (Give kind of work ost of working life, even if retired)	108, KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE	(State or fo	reign cauntry)	12.	CITIZEN OF WHAT	COUNTRY
	Secretary	Social	Security	Md.				USA	A
3. FATHER'S	NAME			14. MOTHER'S	MAIDEN N.	AME		La Billion	
	James Krauch			Charl	otte 1	Dodd			
S. Wos Dece	eosed Ever in U. S. Armed Fa (nawn) (If yes, give war at date	rces?	1 6. SOCIAL SECURITY NO.	17. INFORMANT	14			ADDRESS	
No			215-50-5799	Records	- US I	PHS Hospi	tal. Ba	alto, Md.	
18. 4	86 X N-2	00/3	CAUSE OF DEAT	1				APPROXIMATE BETWEEN ONSET	
DI	ISEASE OR CONDITION DI	RECTLY		Pneu	monia	, possib	٩		
(This de	LEADING TO DEATH oes not mean the mode of	dvina e.a	(A) IMMEDIATE CAL	JSE		sepsis		36 hrs	•
heart fai	ilure, asthenia, etc. It means	the disease,	DUE 10, OK AS	A CONSEQUENCE	OF:	pehoro			
miloty of	ANTECEDENT CAUSES			( Ftiol	0001 11	nknown			
DISEASI	ES OR CONDITIONS, if		DUE TO, OR AS	A CONSEQUENC		IIMIIOWII ,			
rise la	the above cause (A) LYING CONDITION lost.		(c)			D NO CO D D D D D D D D D D D D D D D D D D			
	11		Stage TVD E		4 0				
OTHER SI	IGNIFICANT CONDITIONS CO	THE TERMINAL	Pancytopeni	lodgkin's a, second	disea ary t	se o chemotl	nerapy	3 yr 1 wk	
TO THE DISEASE		THE TERMINAL RT 1 (A). NOITION FOR V	Pancytopeni	lodgkin's a, second 20 A. AUTOPS no	ary t	o chemot		1 wk	
TO THE DISEASE 19A. DAT	DEATH BUT NOT RELATED TO T OR CONDITION GIVEN IN PARTIE OF OPERATION 1986 CON	THE TERMINAL RT 1 (A). NOITION FOR V RFORMED	PARCY TOPENATION  PLACE OF INJURY (e.g., ic., form, foctory, street, o	20 A. AUTOPS  no or obout 21 C. W	Y? (Yes or	O chemoti	WERE FINDI	1 wk	•
TO THE DISEASE 19A. DAT	DEATH BUT NOT RELATED TO TO OR CONDITION GIVEN IN PAI TE OF OPERATION 198. COM WAS PER CIDENT WAS UNDERLYING ITRIBUTING CAUSE OF (notify medicol examiner)  (IE (Month) (Day) (Year)	IHE TERMINAL RT 1 (A). NOTITION FOR VIFORMED  21B, hom etc. (Hour) 21E, Wh	PANCY TOPENION  PLACE OF INJURY (e.g., in the form, foctory, street, on the foctory)  INJURY OCCURRED  INJURY OCCURRED  Not While	20 A. AUTOPS no n or obout 21C. W ffice bldg,, INJURY	ery t	O chemoti	WERE FINDI	1 wk	•
TO THE DISEASE  19A. DAT  21A. AC  OF CON  DEATH  (APPROX.	DEATH BUT NOT RELATED TO TO OR CONDITION GIVEN IN PAIR TE OF OPERATION 198. COM WAS PER CIDENT WAS UNDERLYING CAUSE OF (notify medical examiner)  LE (Manth) (Day) (Year)  RY	IHE TERMINAL RIT 1 (A). NOTITION FOR VIFORMED  218, hometc. (Hour) 21E, Wh.	PANCY TOPENIA  WHICH OPERATION  PLACE OF INJURY (e.g., i e, form, foctory, street, o  INJURY OCCURRED  Ille At Not Whil At Work	20 A. AUTOPS no n or obout 21C. W ffice bldg,, INJURY	ery t	O chemoti	WERE FINDI NG CAUSES Baltimare City	1 wk	•
TO THE DISEASE 19A. DAT OF CON DEATH (OF INJU (APPROX. 22. I ce.	DEATH BUT NOT RELATED TO I OR CONDITION GIVEN IN PAI TE OF OPERATION 198. COM WAS PER CIDENT WAS UNDERLYING (ITRIBUTING CAUSE OF (notify medical examiner)  (IE (Month) (Day) (Year)  (IF) (ITRIBUTING (ITRIBUTING CAUSE OF (notify medical examiner))	IHE TERMINAL RT 1 (A). NOTITION FOR VIFORMED  21B, hometc, (Hour) 21E, Wh. Wo	PANCY TOPENION  PLACE OF INJURY (e.g., in the form, foctory, street, or injury occurred like At Not White At Work has deceased from	20 A. AUTOPS no n or obout 21 C. W ffice bldg., INJURY 21 F. HC	Y? (Yes or I	O chemoti	WERE FINDING CAUSES Bollimore City	1 wk INGS CONSIDERED OF DEATH?  y, give exact lacation)	9 72
TO THE DISEASE 19A. DATE 1	DEATH BUT NOT RELATED TO TO OR CONDITION GIVEN IN PAI TE OF OPERATION 198. COMWAS PER CIDENT WAS UNDERLYING (ITRIBUTING CAUSE OF (notify medicol examiner)  (IE (Month) (Day) (Year)  (IRY (We) lost sow the decess.	IHE TERMINAL RT 1 (A). NOTITION FOR VIRTORMED  21B, hometc. (Hour) 21E, Wh Wo  1) ottended til ed olive on	Pancy topeni WHICH OPERATION  PLACE OF INJURY (e.g., i e, form, foctory, street o  INJURY OCCURRED  INJURY OCCURRED  At Work  The deceosed from  Mar. 16	20 A. AUTOPS no n or obout 21 C. W ffice bldg., INJURY 21 F. HC	Y? (Yes or ) HERE DID OCCUR? DW DID IN	O Chemoti No) 208. IF YES, IN CERTIFY! (If In	WERE FINDING CAUSES Bollimore City	1 wk	9 72
TO THE DISEASE 19A. DATE 1	DEATH BUT NOT RELATED TO I OR CONDITION GIVEN IN PAI TE OF OPERATION 198. COM WAS PER CIDENT WAS UNDERLYING (ITRIBUTING CAUSE OF (notify medical examiner)  (IE (Month) (Day) (Year)  (IF (Month) (Day) (Year)  (IF (We) lost sow the decease of and from the couses stor and from the couses stored in the couse stored in the couses stored in the couse store	IHE TERMINAL RT 1 (A). NOTITION FOR VIRTORMED  21B, hometc. (Hour) 21E, Wh Wo  1) ottended til ed olive on	Pancy topeni WHICH OPERATION  PLACE OF INJURY (e.g., i e, form, foctory, street o  INJURY OCCURRED  INJURY OCCURRED  At Work  The deceosed from  Mar. 16	20 A. AUTOPS no n or obout 21 C. W ffice bldg., INJURY 21 F. HC	Y? (Yes or ) HERE DID OCCUR? DW DID IN	O Chemoti No) 208. IF YES, IN CERTIFY! (If In	WERE FINDING CAUSES Bollimore City  Mar.	1 wk INGS CONSIDERED OF DEATH?  y, give exact lacation)	9 72
TO THE DISEASE 19A. DAT 19A. DAT 21A. AC OR CON DEATH (APPROX. 22. I ce thot (1) and hou	DEATH BUT NOT RELATED TO I OR CONDITION GIVEN IN PAI TE OF OPERATION 198. COM WAS PER CIDENT WAS UNDERLYING (ITRIBUTING CAUSE OF (notify medical examiner)  (IE (Month) (Day) (Year)  (IF (Month) (Day) (Year)  (IF (We) lost sow the decease of and from the couses stor and from the couses stored in the couse stored in the couses stored in the couse store	IHE TERMINAL RT 1 (A). NOTITION FOR VIRTORMED  21B, hometc. (Hour) 21E, Wh Wo  1) ottended til ed olive on	Pancy topeni which operation  PLACE OF INJURY (e.g., in the control of the contro	20 A. AUTOPS no n or obout 21 C. W ffice bidg., INJURY 21 F. HC Mar. 15 19 72 view the body o	Y? (Yes or ) HERE DID OCCUR? DW DID IN	O Chemoti No) 208. IF YES, IN CERTIFY! (If In	WERE FINDING CAUSES Bollimore City  Mar.  Dur) opinion	1 wk INGS CONSIDERED OF DEATH?  y, give exact location)  16	9 72
TO THE DISEASE 1994. DAT OR CON DEATH (1) (APPROX 22. I ce that (1) and hou 23A. SIGI	DEATH BUT NOT RELATED TO TO RCONDITION GIVEN IN PAIR TE OF OPERATION 198. COM WAS PER CIDENT WAS UNDERLYING CAUSE OF (natify medical examiner)  (IE (Manth) (Day) (Year)  (IF (Manth) (Day) (Year)	(Hour) 21E, Whom of the dolve on	Pancy topeni which operation  PLACE OF INJURY (e.g., i.e., form, foctory, street, o.e., form, foctory,	20 A. AUTOPS no n or obout 21C. W ffice bldg., INJURY  21F. HC  Mar. 15  19 72 riew the body o	HERE DID OCCUR?  OW DID IN  and free death	O chemoti No) 208. IF YES IN CERTIFY!  (If In  NJURY OCCUR?  19 72 to  that in (my)/(co	WERE FINDING CAUSES Ballimare City  Mar	1 wk mgs considered of death?  deoth accurred of the deoth accurre	9 72
TO THE DISEASE 19A. DAT 21A. AC OR CON DEATH (CAPPROX 22. I ce that (A) and hou 23A. SIGI	DEATH BUT NOT RELATED TO TO RCONDITION GIVEN IN PAIR TE OF OPERATION 198. COM WAS PER CIDENT WAS UNDERLYING [ ITRIBUTING CAUSE OF (natify medicol examiner)  (ITRIBUTING CAUSE	IHE TERMINAL RT 1 (A). NDITION FOR VIFORMED    21B, hometc.   (Hour) 21E, Wh.   (Hour) 31E, wh.   (Hou	Pancy topeni WHICH OPERATION  PLACE OF INJURY (e.g., i e, farm, foctory, street o  INJURY OCCURRED  INJURY OCCURRED  At Work  Mar 16  () (We) (did) (did) fot)  Attacket  Attack	20 A. AUTOPS no n or obout 21C. W ffice bidg., INJURY  21F. HC  Mar. 15 19 72  riew the body o  anding Me  23D. ADDRESS US PHS	HERE DID OCCUR?  OW DID IN and free deoth	O Chemoti No) 208. IF YES IN CERTIFY! (If In NJURY OCCUR? 19 72 to that in (my)/(completed)	Mar	1 wk mgs considered of death?  deoth accurred of the deoth accurre	9 72
TO THE DISEASE 19A. DAT 21A. AC OR CON DEATH (CAPPROX 22. I ce that (A) and hou 23A. SIGI	DEATH BUT NOT RELATED TO TO OR CONDITION GIVEN IN PAIR TE OF OPERATION 198. COM WAS PER CIDENT WAS UNDERLYING TRIBUTING CAUSE OF (notify medical examiner)  (We) lost sow the deceose or and fram the couses stomature Cause June 1998. Connection of Connectic Cremation, 248. Date CAL (Specify) 248. Date	IHE TERMINAL RIT 1 (A). NDITION FOR VIFORMED    21B, hometer;   (Hour)   21E, Wh   Wo   1) offended filed above. M	Pancy topeni WHICH OPERATION  PLACE OF INJURY (e.g., in the control of the contro	20 A. AUTOPS no n or obout 21C. W ffice bldg., INJURY  21F. HC  21F. HC  Mar. 15  19 72  riew the body o	HERE DID OCCUR?  OW DID IN and free death rector   HOSP:	O chemoti No) 208. IF YES, IN CERTIFY!  (If In  NJURY OCCUR?  19 72 to that in (my)/(column).	Mar.  23B.  (City, to	1 wk  INGS CONSIDERED OF DEATH?  In give exact lacation)  Additional death accurred of the signed and the signed are signed. The signed are signed at the signed are signed at the signed are signed. The signed are signed at the	9 '72 n the dot

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This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. FUNERAL DIRECTOR: IMPORTANT

N-220 72 02	アイング	ATE OF DEATH	REG. NO	72 02716
BIRTH NO.  I. NAME OF DEGRASED  (Type or Print)	ered		ND HOUR OF DEAT	1715
3. PLACE IN BALTIMORE MARYLAND, WHER	E PRONOUNCED DEAD	4. USUAL RESIDENCE (Who	ere deceased lived, If	institution; residence before admission)
FULL NAME OF IF NOT IN HOSPITAL OF ADDRESS OR LOCATION	OR INSTITUTION, GIVE STREET	A. STATE B. COU	MON	TGOMERY 65 00
ASITOTION		KENSINGTON	JD. IN	YES NO
THE JOHNS HOPKINS HO	SPITAL	E. STREET AND NUMBER		113 110
BALTIMORE, MD 21205		11107 WEST	AVE	
PEMALE WUTTE W	MARRIED NEVER MARRIED DIVORCED	8. DATE OF BIRTH	9. AGE (in years lost birthdoy)	if Under 1 Yr. if Under 24 Hrs. Months Doys Hours Min.
DA. USUAL OCCUPATION (Give kind of work 108, one during most of working life, even if retired)	KIND OF BUSINESS OR INDUSTR	TI 11. BIRTHPLACE IState or lore	eign country)	12. CITIZEN OF WHAT COUNTRY?
Dad: 1	Goverment	Mass		U. S. A.
3. FATHER'S NAME	OG TO I MOIT	14 MOTHER'S MAIDEN NA	ME	0. 3. A.
Dhilin was		CADALL DAVIES		
Bhilip NEGUS Was Deceased Ever in U. S. Armed Forces?	16. SOCIAL	SARAH DAVIS		ADDRESS
es, no or unknown! Ilf yes, give wor or dates of	\$ECURITY NO. 578-46-414'	7 7 0 14	1 - 1 - 1 - 1	Rockville, Md
18.44 3 / 71	CAUSE OF DEA	T.S. MacHa	1e 13110	Cleveland Dr
DISEASE OR CONDITION DIRECT				BETWEEN ONSET AND DEATH
LEADING TO DEATH		MANTE AL	6000	1 45 mine
This does not mean the mode of dyin	Ig. e.g., (A) IMMEDIATE CA	S A CONSEQUENCE OF:	n. avu	N (2 )
heart failure, asthenia, etc. It means the injury or complication which caused dea	GISCOSC.	/		
ANTECEDENT CAUSES	(4)0	1/A		Edans
DISEASES OR CONDITIONS, if any,	(B) DUE TO OR A	S A CONSEQUENCE OF:		2
rise to the above cause (A) state		S A CONSEQUENCE OF:		
UNDERLYING CONDITION last.	(c)			
OTHER SIGNIFICANT CONDITIONS CONTRI TO THE DEATH BUT NOT RELATED TO THE TE DISEASE OR CONDITION GIVEN IN PART 1 (	BUTING			
TO THE DEATH BUT NOT RELATED TO THE TE DISEASE OR CONDITION GIVEN IN PART 1	A).		************************	
19A-DATE OF OPERATION 19B. CONDITION WAS PERFORM 21A. ACCIDENT WAS UNDERLYING	ON FOR WHICH OPERATION	20A-AUTOPSYT (Yes or No	IN CERTIFYING C	E FINDINGS CONSIDERED AUSES OF DEATH?
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH Inchily medical examined	218. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)	in at about 1 C. WHERE DID office bidg. MJURT OCCURT	(If In Boltim	are City, give exact location)
21D-TIME IMonth! IDoy! IYear) (H.	oud 21E INJURT OCCURRED	21F. HOW DID INJ	URT OCCUR?	
IAPPROX.)	While At D Not Wh			
22 Legyalfu shee (1) falla haarta (1)			10 72 2	115 32
22. I certify that (1) (this hospital) at		5/60	19/210_2	19/ =
that (1) (we) last saw the deceased al		19ond th	nat in (my) (our) of	olnion death occurred on the date
and hour and from the causes stated o	bove. (1) (We) (dld) (dld not)	view the body after death.		
23A. SIGNATURE	145			238 DATE SIGNED
Gume . land	DEGREE PH	rending Med. ys. Director	Stoff Phys.	3/15/72
23C. PHYSICIAN'S NAME (Type)	VEVERE	23D. ADDRESS		
	773 IVI	mie Tolliere	EVENT HODET	NE UCEDIMAT
A. BURIAL CREMATION, 248, DATE	ENT M. D. DEGREE			NS HOSPITAL  City, town, or county) (State)
Cremation 7/17/72				
Cremation 3/17/72 5A. DATE REC'D BY HEALTH DEPT. 1258.	Cedar Hill C	rematory	Suitland	Pr. Geo Md
MAR 20 1972	3.0.	Robert A Pu	mohrev F.	H. 75570 Wiscons
S 150-REV. 1/1/68	ALLEGATION OF THE PARTY OF THE	NODELC IV V		Ave be the squ

Systemate T.S. Macdale 13110 Cleveled Dr.

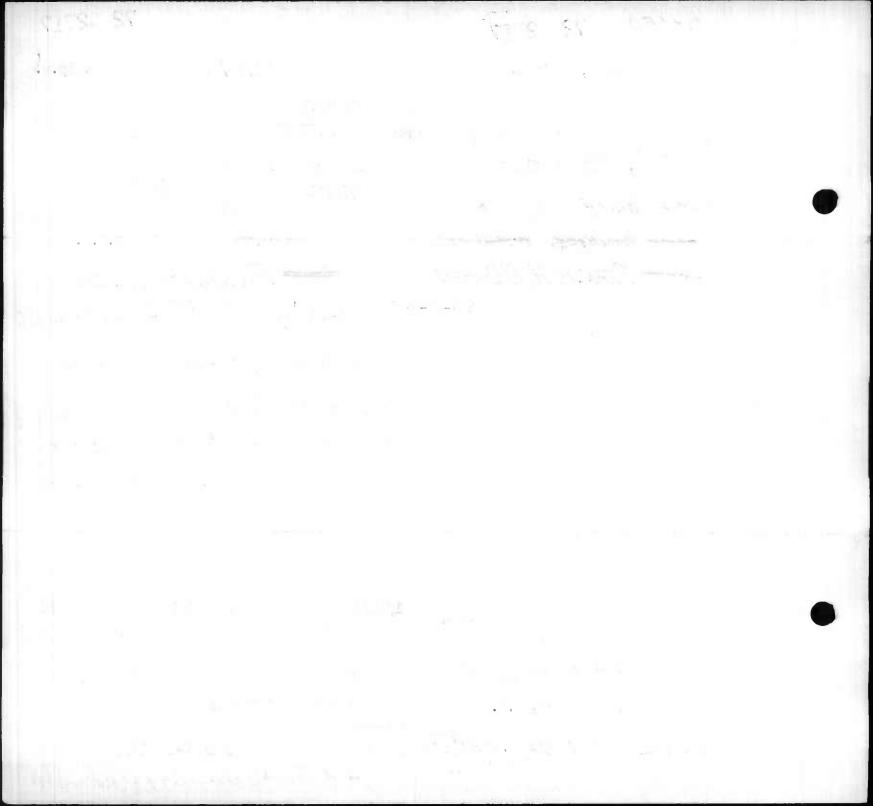
Crewstinn 5/12/7- Jedar His Spennor Sulvinna Fr. Geo Mi

wongert | Pumphrey P. H. Ave. bethered

sed the the	BIRTH NO. CERTIFIC	ATE OF DEATH REG. NO	04171
of deat Decease e on th	Type or Print)	2. DATE AND HOUR OF DEATH	30.35
of of of ce or ath.	BYRNE, SADTE A  3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3/14/ 72	12:15p.m.
se (5) and	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	4. USUAL RESIDENCE (Where deceased lived If institute A. STATE B. COUNTY MARYLAND	ion: residence belore odmission
se;	HOSPITAL OR ADDRESS OF LOCATIONI INSTITUTION BOLTON HILL NURSING AND CONVALESCENT CEN	C. CITY OR TOWN MORE D. INSIDE C	
in age	1400 JOHN STREET	E. STREET AND NUMBER	NO [
d d c	BALTIMORE, MARYLAND 21217	1545 ENSOR STREET	
ibu ine d d	5. SEX   6. RACE   7. MARRIED   NEVER MARRIED	1 8. DAYE OF METH 19. AGE (In	Under 1 Yr. , If Under 24 Hrs.
rm rm egu	FEMALE WAITE WIDOWED DIVORCED	1 9/30/02  lost birthdoy)   Mo	onder 1 16. 11 Under 24 Hrs.
co cete	10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTI		CITIZEN OF WHAT COUNTRY
or nde de itio	UNIKNOWN HOUSEWAYER PACTORY WORK	MARYLAND	U.S.A.
if d 4) U Way the pos	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
2 0	INMINOWN FRANCIS H. O'BRIEN	UNINOWN Boidest	PEUILLE
B	15. Was Deceased Ever in U. S. Armed Forces?   16. SOCIAL	17. INFORMANT	ADDRESS
the the kinde	NO 214-56-9251	PATIENT'S ADMISSION RECORD	522 N. Charles ST
if if	18.44 CAUSE OF DEA	TH 93	APPROXIMATE INTERVAL
so, so, of control of	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		BETWEEN ONSET AND DEATH
PA 5 5 PE	(This does not mean the made of dying, e.g. (A) IMMEDIATE CA	AUSE aut Corgrayonulisin	nuite
er. ctu pro ar	heart failure, osthenia, etc. It meons the disease, injury ar complication which caused death.)	S A CONSEQUENCE OF:	1
fra	ANTECEDENT CAUSES	the little of the	
wh who	DISEASES OR CONDITIONS, if ony, giving DUE TO, OR A	Charlender Agent derice	- Jus
(3) e s	rise to the above cause (A) stating the UNDERLYING CONDITION last, (C)	tenomon genelyel	NUS
dical ns; icici			
medi bur bur hys	O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL    DISEASE OR CONDITION GIVEN IN PART 1 (A)	c A f color tel	to news
dy dy being	U 194 DATE OF OPERATION 198 CONDITION FOR WHICH OPERATION	20A-AUTOPSY? (Yes or No.) 20B, IF YES, WERE FINDIN	
by a by a 2) Bo re th physi		IN CERTIFYING CAUSES	OF DEATH?
	OR CONTRIBUTION OF THE PROPERTY OF THE PROPERT	in or about 21 C. WHERE DID affice bldg., INJURY OCCUR?	give exact location)
Y S S S S S	O State of Exchanges		
pt pt (6)		21F. HOW DID INJURY OCCUR?	
he he had	Work LJ At Work		
9 th 10 th 1	22. I certify that (I) (this hospital) attended the deceased from 1/	The state of the s	19 72
p to to	that (I) (we) last saw the deceased alive on MARCH 2	19ond that fn(my) (our) opinion of	leath occurred an the date
dent deat	and have and from the causes stated above. (I) (We) (did) (did not)		
S O O E	ae Mark AH	44	DATE SIGNED
0 - 0 >	23C-PHYSICIAN'S NAME (Type)	ending Med. Staff Phys. 3	11872
certificate moody was relate (1) An accomp.O.A. at a lased prior to then approval	ALLAN MACHT, M.D.	2 EAST READ STREET	
TY CO B B	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMETERY OF		n, or countyl (Stote)
ws: (D.O.D.O.D.O.	BURIAL 3-17-1972 NEW (ATHERE		1
This certiful the body shows: (1) was D.O. deceased written a	25A. DATE REC'D BY HEALTH DEPT. 258 HAME OF REGISTRAR	256 EUNERAL DIRECTOR	ADDRESS OF A
<b>E T W 3 TO 3</b>	MAK 2 U 1972 Valley & Karley 76 2	Haller Xaplin 544	4 Belan Rd
	VS 150-REV. 1/1/68		

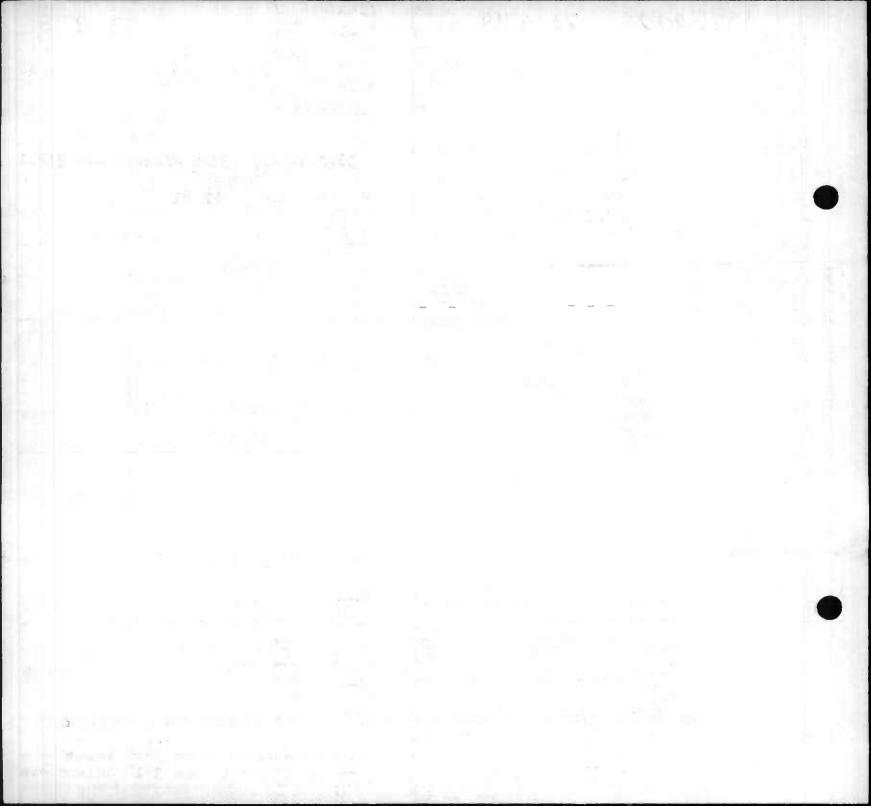
72 02717 BALTIMORE CITY HEALTH DEPARTMENT 12:15p.m. institution: residence before admission) SIDE CITY LIMITS? YES T NO 🗌 If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min. 12. CITIZEN OF WHAT COUNTRY? U.S.A. ORD
45-22 N. Charles ST.

APPROXIMATE INTERVAL
BETWEEN ONSET AND DEATH nunte



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1	600	HO	nom.	177	BALTIMORE CITY	HEALTH DEPARTMENT			00018
BU	TH NO.	12	027	18	CERTIFICA	TE OF DEATH	REG. NO	72	02718
1,1	NAME OF DECEAS	SED				2. DATE A	ND HOUR OF DEATH		
(Ty	pe or Print)	1016 16	ANIC	10	M		3/16/197	2	C A
3.	PLACE IN BALTIM	LAKE EN	HERE PRO	HOUN	CED DEAD	4. USUAL RESIDENCE (Wh	ere deceased lived. If in	stitution; resid	ence before admission)
						A. STATE B. COU	NTY		1216
H	ILL NAME OF	ADDRESS OR LOCA	AL OR INS	ודטזוד	ION, GIVE STREET	MARYLAND			1200
IN	STITUTION					C. CITY OR TOWN		IDE CITY LIMIT	
	Union	Hemoria	-0 H	200	L. C.O.O.	ISALTIMORE E. STREET AND NUMBER		YES 🔀	NO [
+	4					333000	¥ . 3344 H	Lckory	Ave 21211
5.	SEX 6.	RACE	7- MARRI	ED 🗌	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years lost birthday)	If Under 1	Yr. If Under 24 Hrs.
	F	W	WIDOW			06-14-90	20x 81	Wonins Do	y's ridurs with,
0.4	USUAL OCCUPA	TION (Give kind of work	10B, KIND	OF BU	USINESS OR INDUSTRY	11. BIRTHPLA CE (State or lor	eign country)	12. CITIZEN	OF WHAT COUNTRY
on	Housew	ing life, even if retired)	0	CT	IRED	MARKINNI	•	0.40	
3.	FATHER'S NAME	116	11	61	14617	MARYLANI 14 MOTHER'S MAIDEN NA		MAG	ERICANI
		Marines					artin		
		Newnan	-				TI. OTIÏ		
5. Ye	Was Deceased Eve s, no or unknown) ((if	r in U.S. Armed For yes, give wor or dote	ces? s of service	e) 16	SECURITY NO.	17. INFORMANT		Al	DDRESS
	No				18-32-3455	Gladys Mart	in 33ld Ha	alrow T	Arronse
-	18. 11 1 11	31			CAUSE OF DEATH	0	7344 111		PPROXIMATE INTERVAL
	- / ex	OR CONDITION DI	ECTIV					BETY	WEEN ONSET AND DEATH
		DING TO DEATH	CLCILI			SE Cordiage	ic show		
	This does not	mean the mode of	dying, e.	g.,	(A) IMMEDIATE CAU	CONSEQUENCE OF	ac skow		
	Injury of camplic	henia, etc. It means ation which caused	the diseas	se,					
	1	ECEDENT CAUSES	dooning			A. + PA	( )		
					(B)	Acute Pelva Consequence OF:	rosod for	uno.	
		CONDITIONS, if the conditions if the conditions is a second to the conditions in the condition in the conditions in the conditions in the conditions in the							
	UNDERLYING C				(c) Chro	vie C.H.F.	HO MI		***************************************
	100	П							
NOL	OTHER SIGNIFICA	NT CONDITIONS CO	NTRIBUTIN	G					
AII	DISEASE OR CON	UT NOT RELATED TO THE	IE TERMINA	YE	***************		******************		*************************
CERTIFICA		ERATION 198, CON WAS PER	DITION FO	R WHI	ICH OPERATION	20A. AUTOPSTI (Yes or N	O) 208, IF YES, WERE	FINDINGS CO	NSIDERED
EK	()								
_	OR CONTRIBUTION	WAS UNDERLTING	]	IB, PL.	ACE OF INJURY (e.g., in form, factory, street, off	or about 21 C. WHERE DID	(II In Boltimor	e City, give ex	roct location)
3	DEATH (notify me	dicol examined	•	ic.)					
MEDI	21D. TIME (M	onth) (Doy) (Year)	(Hour) 2	IE IN	JURT OCCURRED	21 F. HOW DID IN	JURT OCCUR?		
٤	OF INJURY (APPROX)			While .	At Not While				
	THE STATE OF			Work	AT WORK			~ /	
		t (I) (this hospital				03/14	19 72 to 0	3/16	1977
	that (I) (we) los	t sow the decease	d olive or	1	03/16	19 42 ond th	hat in (my) (our) opi	nion deoth o	ccurred on the date
	and hour and fre	om the couses stat	ed above.	MIO		ew the body ofter death.			
	23A. SIGNATURE		/	7				23B, DATE SE	IGNED
	Cha	San N	alask	1	DEGREE Phys.	ding Med.	Staff Phys.	03/16	6/1942
	23C.PHYSICIAN'S	11	unus	-	DEGREE PRYS	3D. ADDRESS	Lisks own	1 02/11	0 / 1116
	NAME (Type)			.				- 1 1- 0	
24.4		N morph	allo.	16	DEGREE		all lairer	Spelal	
76	REMOVAL (Spec Burial	ION, 24R DATE	4		E of CEMETERY of CREA		OCATION (C)		unty) (State)
	burial	3/18/	12 Sa	ter	c's Cemeter	у Ва	ltimore Co	o., Mar	ryland
K	DATE REC'R W		258. NAM	E OF	REGISTRAR	25CHUNERAL DIRECTO	R?		ADDRESS
54	7/EI US 17	Valent E. V	Liber !	Ma.	olige that	Donovan Fur		3818	Roland Ave
18	160-PEV 1/1/48				4.4				



6	7-674 12 12/14	TY HEALTH DEPARTMENT
	RTH NO.	ATE OF DEATH REG. NO. 72 02719
	NAME OF DECEASED  PO OF PRINTING ROSE BARCHOOK	2. DATE AND HOUR OF DEATH
3.	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	MARCH, 15 th, 1972 2 P.  4. USUAL RESIDENCE Where deceosed lived. If institution: residence before admission
FL	JLL NAME OF IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	A. STATE & COUNTY Q 8 3
IN	SINAL HOSPITAL OF	C. CITY OR TOWN D. INSIDE CITY LIMITS?
		BALTIMORE YES NO
	BALTIMORE INC.	6610 VINCENT LZ., APT. 201
	SEX 6. RACE 7. MARRIED NEVER MARRIED	' I . / / HOST DISTINCT I MONTS! DOVS I HOUS! Min.
h	EMALE WIDOWED DIVORCED	12/8/02 69
dor	A. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTR ne during most of working life, even if retired)	
12	HOUSEWIFE AT HOME	ARGENTINA USA
13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	ELI CORNBLATT	CLARA ?
Ye	Was Deceased Ever in U. S. Armed Forces?  5, no or unknown) [III yes, give war ar dotes of service]   16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS
_	NO	MR. HAROLD BARSHOOK, 6610 VINCENT LANE, APT.
	18. CAUSE OF DEA	TH APPROXIMATE INTERVAL BETWEEN ONSET AND DEA
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	SEPTICENIA \$10 day
	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which coused death.)	SA CONSEQUENCE OF:
	ANTECEDENT CAUSES G. GANG	RENE RICHT LEG 1400-10.
	DISEASES OR CONDITIONS, if ony, giving DUE TO, OR A	RENE RIGHT LEG   moully s a consequence of:
	nise to the above cause (A) stating the UNDERLYING CONDITION last. (C)	
_	11	
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  A returnity	
TIFIC	19A-DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A-AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
CERTIFIC	MARCH 9 1972 GANGRENE RIGHT LE  21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., home, form, foctory, street, company)	in ar about 21 C. WHERE DID (If In Baltimore City, give exact location)
3	DEATH (notify medical examined	office bidg, INJURY OCCUR?
MED	21D-TIME (Month) IDoy) IYeon IHoun 21E INJURY OCCURRED OF INJURY (APPROX.) While AI Not Whi	21F. HOW DID INJURY OCCUR?
	(APPROX.) While A! Not White At Work	
	22. I certify that (I) (this hospital) attended the deceased from MARO	
	•	5 19 72 ond that in (my) (our) opinion death occurred on the da
	and hour and from the couses stated above. (1) (We) (did) (did not)	
	23A. SIGNATURE	ending Med. Stoff SZI
	Physical Phy	ys. Director Phys. Phys. 1914 CH, 15 /97
	23C. PHYSICIAN'S NAME (Type)	23D. ADDRESS
24A	LA BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CR	REMATORY   24D. LOCATION (City, town, or county) (State)
	BURIAL (Specify)  BURIAL 3-16-72  BURIAL 3-16-72  BURIAL 3-16-72	
25A	A DATE REC'D BY HEALTH DEPT.   258. NAME OF REGISTRAR ()	BALTIMORE, MARY LAND  ADDRESS  ADDRESS
1	MAR 20 1972 Robert E. Faller M.D.	SOL LEVINSON & BROS.,6010 REISTERSTOWN ROA
5	150-DEV 1/1/68	The state of the s

and the state of t

shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH REG. NO. 72	. 02720
1. NAME OF DECEASED	
1KVING H. 6-VTMVZ	1 312 P M
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived, If institute A. STATE B. COUNTY	ion; residence before admission)
FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET C. CITY OF TOWN  D. INSIDE C	CITY LIMITS?
4 SINCI HOSPIN E. STREET AND NUMBER	NO D
5. SEX G. RACE 17. MARCH TO BRAYE OF SHAW TO BE SHAWN	Ka Hy
MAKKIEN NEVER MARRIED 15. DATE OF SIKIN 19. AGE (IN years III	Under 1 Yr. If Under 24 Hrs. Inths Doys Hours Min.
MALE WAXXX WHITE WIDOWED DIVORCED 3/29// 1031 DITTING TO THE MIDOWED 104 USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or Coreign country) 12	CITIZEN OF WHAT COUNTRY?
done during most of warking life, even if refired)	
SALESMAN WHOLESALE BEAUTY SUPPLIES   NEW YORK CITY, N.Y.	USA
UNKNOWN	
15. Was Deceased Ever in U. S. Armed Forces?   16. SOCIAL   17. INFORMANT   SECURITY NO.   17. INFORMANT   18. INFORMANT   1	ADDRESS
YES W.W. II ARMY 216-09-9769 MRS. SYLVIA GUTHARZ, 6816 TIM	BERLANE RD. #9
DISEASE OR CONDITION DIRECTLY	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
LEADING TO DEATH	1/2/m.
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. II means the disease, injury or complication which caused death.)	1
ANTECEDENT CAUSES (B) Cloud Criwing Among	12h.
DISEASES OR CONDITIONS, if any, giving rise to the above cause IA) stating the	
UNDERLYING CONDITION last. (c)	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A)	2
DISEASE OR CONDITION GIVEN IN PART 1 (A).  19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED  20A. AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINDING CAUSES	NGS CONSIDERED OF DEATH?
(1) 21A ACCIDENT WAS UNDERLYINGED	, give exact lacation)
O 21D-TIME (Month) (Doy) (Year) (Hour) 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR?	
(APPROX.) While AI Not While	4
22. 1 certify that (1) (this hospital) attended the deceased from 96 19 ta	19
that (1) (we) last saw the deceased alive an 3/14/7 19 and that In (my) (our) apinion	
and haur and from the causes stated abeye. (1) (We) (did) (did not) view the body after death.	
	DATE SIGNED
23C. PHYSICIAN'S Director Phys. Director Phys.	14/72
NAME (Type) J SOLEAR MB DEGREE 6715 PARC ARGUE	Ceir
24A. BURIAL CREMATION, REMOVAL (Specify) 24B. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, tox	vn, or county) (State)
BURIAL 3-16-72 OIEB SHALOM BALTIMORE, MARYI	ADDRESS

Black E. Fallen M.D. MAR 20 19 VS 150-REV. 1/1/68 SOL LEVINSON & BROS., 6010 REISTERSTOWN ROAD 1979 87

MANY STREET, AND A STREET OF THE STREET

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased

VS 150-REV. 1/1/6B

(Type or Print)	JACOB COL	IEN		15, 1972	3 P.
3. PLACE IN BAL	IMORE MARYLAND, W	HERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where		institution: residence before odmiss
FULL NAME OF	(IF NOT IN HOSPIT	AL OR INSTITUTION, GIVE STREET	MARYLAND		2798
INSTITUTION	ADDRESS OR LOCA	Allowy	C. CITY OR TOWN	D. IN	SIDE CITY LIMITS?
MT. SIN.	AI NURSING HO	DME	BALTIMORE E. STREET AND NUMBER		YES NO NO
			4613 PARK HE	EIGHTS AVE	NUE #21215
5. SEX	6. RACE	7. MARRIED NEVER MARRIED	B. DATE OF BIRTH	. AGE (In years	tf Under 1 Yr. If Under 24 Months: Days Hours Mir
MALE	WHITE	WIDOWED XX DIVORCED	AUG. 10, 1885	86	
	PATION (Give kind of work vorking life, even if retired)	10B. KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (State or foreig	n country)	12. CITIZEN OF WHAT COUN
GROCER	0-7-11-01	SELF EMPLOYED	RUSSIA		USA
13. FATHER'S NA	ΛE		14. MOTHER'S MAIDEN NAM	E	
	COHEN		ANNA SARAH		
5. Wos Deceased Yes, no or unknown	Ever in U. S. Armed Fo- (If yes, give wor or dote	rces? 16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
NO,		218-32-3340	MR. WILLIAM COHE	EN, 3806 G	LENGYLE AVENUE #2:
184/2	, 4	CAUSE OF DEA	in .		APPROXIMATE INTERV BETWEEN ONSET AND D
	E OR CONDITION DI LEADING TO DEATH		HEE CUA		Colone
	ol mean the mode of		A CONSEQUENCE OF:		
	osthenio, etc. II meons plication which caused				
	NTECEDENT CAUSES	(2)	-scun		10 2-23
DISEASES C	R CONDITIONS, if	any, giving (B)	S A CONSEQUENCE OF:		10 20
DISEASES O		any, giving DUE TO, OR A			10 445
DISEASES C	R CONDITIONS, if above couse (A)	any, giving (B)			10 200
DISEASES OF THE UNDERLYING	R CONDITIONS, if above couse (A) CONDITION last.	any, giving DUE TO, OR A Stoting the (C)			10 20
DISEASES OF THE PROPERTY OF THE PEAT OF TH	R CONDITIONS, if above couse (A) CONDITION last.  IL CANT CONDITIONS COME HOUSE NOT RELATED TO TO NOTITION GIVEN IN PAI	any, giving DUE TO, OR A Stoting the (C)	S A CONSEQUENCE OF:	OR IF VEC WEDI	10 Jus
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3624 Oakmont Ave. 21215 Adm. 7/69 TELES BENETO HOSE CHEN SELECT OF SEC. 7-

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was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased

	1 10	) 20	A OMO	BALTIMORE CITY	HEALTH DEPARTMEN	NT	2 20 0022
L	5-456	72	02722	CERTIFICA	TE OF DEAT	H REG. NO	72 02722
	H NO.	ASED		OLK TITTO		TE AND HOUR OF DEAT	H
	e ar Print)	ISADORE	M. BLOO	M		IARCH 16, 1972	
3. P	LACE IN BALT	MORE, MARYLAND, W			4. USUAL RESIDENCE		institution: residence before odmission)
FUL	L NAME OF	(IF NOT IN HOSPIT	AL OR INSTITU	UTION, GIVE STREET	MARYLAND		4-01
INS	SPITAL OR	ADDRESS OR LOC.	A IION)		C. CITY OR TOWN	D. 11	ISIDE CITY LIMITS?
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	10						501 #21201
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IÓA.	USUAL OCCU		10B, KIND OF	BUSINESS OR INDUSTRY		or foreign country)	12. CITIZEN OF WHAT COUNTRY
dane	ME RCHAN	orking life, even if retired) ਜਾ	DE'	TAIL	DUCCTA		II C A
13. F	ATHER'S NAM		ICE	IAIL	RUSSIA	NAME	U.S.A
	SAMIFI	BLOOM			TILLIE	?	
	Vos Deceased	Ever in U. S. Armed Fo (If yes, give wor or dole		1 6. SOCIAL SECURITY NO.	17. INFORMANT	•	ADDRESS
163,	, no or onknown,	m yes, give wor or don	es of service,		MDC TDA M	DIOON O GIAN	ARC DIAGA ARM FOA
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-	UNDERLING			(C)			
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U		OPERATION 198. CON	IDITION FOR	WHICH OPERATION	20 A. AUTOPSY? (Yes		E FINDINGS CONSIDERED
ERTIF	0	WAS PER	FORMED			IN CERTIFYING	CAUSES OF DEATH?
AL C	OR CONTRIBU	T WAS UNDERLYING TING CAUSE OF medical examiner	21 B. horn etc.	PLACE OF INJURY (e.g., i ne, form, factory, street, o )	n or obout 21 C. WHERE Diffice bldg., INJURY OCCU	OID (If in Boltin J.R.?	nare City, give exact location)
DIC	21 D. TIME	(Month) (Day) (Year)	(Hour) 21 E.	INJURY OCCURRED	21F. HOW DI	D INJURY OCCUR?	
AE.	OF INJURY			ile At Not Whil	e 🗖	D INTO KI O GOOK.	
			Wo	rk L At Work			
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	thot (I) (we)	lost sow the deceas	ed alive on	3/14	1972 0	nd that In(my) (our) o	pinion deoth occurred on the dote
	ond hour ond	from the causes sto	ted obove. (I	l) (We) (did) (did not) v	iew the body ofter de	ooth.	
1	23A. SIGNATUI	RE C 25 10		_ ^			23 B. DATE SIGNED
		JA Zinta	y "	Dhy	nding Med.	Staff Phys.	3/16/72
	23C. PHYSICIAI	42	)	OCONEC	23 D. ADDRESS		
	NAME (Ty		ZINBERG		4000 W. N	ORTHERN PARKW	AY
24A.	BURIAL CREA	AATION, 248. DATE		OEGREE AME of CEMETERY OF CR			(City, town, or county) (State)
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		BY HEALTH DEPT.	258. NAME		25C. FUNERAL DIRE		ADDRESS
M	IAR 20 1	972 R. C. B &	0701	ACT			10 REISTERSTOWN ROAL
VS 1	50-REV. 1/1/6			7 h W.			

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INDMESSION   CONTINUOUS CONTINUUTING   CAUSE OF INJUST CONTINUOUS   CAUSE OF DEATH   CAUS		3-43/ 72 02723 CERTIFICA	ATE OF DEATH REG. NO. 72 02723
3. STACE IN BALLIMORE, MARTLAND, WHERE PRONOUNCED DEAD  1. STACE IN THE STATE OF TH		AME OF DECEASED	2. DATE AND HOUR OF DEATH
MARYLAND    MARYLAND     MARYLAND     MARYLAND	3.	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission
S. SEE   S. RACE   MARRIED   NEVER MARRIED   DATE OF BIRTH   DATE OF BIRTH   MARRIED   DATE OF BIRTH   DATE OF BIRTH   MARRIED   DATE OF BIRTH   DAT	HC	SPITAL OR ADDRESS OR LOCATIONS	MARYLAND 2730
S. SEK   S. BACE	1	Sinai Hosp. of Baltimore, Inc.	E. STREET AND NUMBER 3018 FALLSTAFF MANOR COURT
HOUSEWIFE  AF HOME  RUSSIA  USA  HIRSCH ITZKOVITZ  13. FATHER'S NAME  HIRSCH ITZKOVITZ  15. WAS Deceased for in U. S. Armed Force?  16. SOCIAL  SECURIT NO.  NO  12.—O7—5951  MRS. ESTHER SKLAR, 2902 MARNAT ROAD #212C  CAUSE OF DEATH  (This does not mean the mode of dying, e.g., heart fielding, cathenine, etc.). In moans the disease, injury or complication which caused death.]  ANTECEDENT CAUSES  DISEASE OR CONDITION DIRECTLY  LEADING TO DEATH  (This does not mean the mode of dying, e.g., heart fielding, cathenine, etc.). In means the disease, injury or complication which caused death.]  ANTECEDENT CAUSES  DISEASE OR CONDITIONS, il only, giving his to the obove cause (Al stoling like UNDERLYING CONDITION lost.  10. OTHER SIGNIFICANT CONDITION TO THE TEMMINAL  NO  OTHER SIGNIFICANT CONDITION IN THE TEMMINAL  DISEASE OR CONDITIONS, il only, giving his to the obove cause (Al stoling like UNDERLYING CONDITION lost.)  10. THE DEATH BUT NOT RELATED TO THE TEMMINAL  DISEASE OR CONDITIONS, il only, giving his to the obove cause (Al stoling like UNDERLYING CONDITION lost.)  10. THE DEATH BUT NOT RELATED TO THE TEMMINAL  DISEASE OR CONDITIONS CONTRIBUTING CONDITION CONDITIONS CONTRIBUTING CONDITION FOR WHICH OPERATION MAY FERFORMED  212.—ACCIDENT WAS UNDERLYING home, for control which were control while whi		FEMALE XXWHITE WIDOWED DIVORCED	8. DATE OF BIRTH 9. AGE (In years lost birthdoy) 9. AGE (In years Months: Doys Hours Min.
HOUSEWIFE AT HOME RUSSIA USA  13. PATHER'S NAME  HIRSCH ITZKOVITZ  15. Was Deceased Live in U. S. Armed Forces? 16. SOCIAL SECULITY NO. NO 212-07-5951 MRS. ESTHER SKLAR, 2902 MARNAT ROAD #212C  16. Was Deceased Live in U. S. Armed Forces? 16. SOCIAL SECULITY NO. NO 212-07-5951 MRS. ESTHER SKLAR, 2902 MARNAT ROAD #212C  16. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (This does not mean the mode of dying, e.g., theoref foiling, cathering, etc. I means the disease, injury or complication which caused death.]  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, il ony, giving rise to the obove cause (A) stating like UNDELLING CONDITION lost.  (C). USE OF DEATH  **ARTECLEDATE CAUSES**  DISEASES OR CONDITIONS, il ony, giving rise to the obove cause (A) stating like UNDELLING CONDITION lost.  (C). USE OF OR AS A CONSEQUENCE OF: 100 MRS. ESTHER SKLAR, 2902 MARNAT ROAD #212C  (C). USE OF DEATH  **ARTECLEDATE CAUSES**  DISEASES OR CONDITIONS CONTRIBUTING COUNTRY (C). SA A CONSEQUENCE OF: 100 MRS. A CONSEQUENCE OF: 100	10A	. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTR	11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY
13. FATHER'S NAME			RUSSIA USA
16. SOCIAL SECRITY NO.   17. INFORMANT   ADDRESS   16. SOCIAL SECRITY NO.   212-07-5951   MRS. ESTHER SKLAR, 2902 MARNAT ROAD #212C   CAUSE OF DEATH   SECRITY NO.   17. INFORMANT   ADDRESS   CAUSE OF CONDITION DIRECTLY   LEADING TO DEATH   SECRITY NO.   16. SOCIAL S	13.		
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WAS PERFORMED  WAS PARTICLE SIGNED  WAS PERFORMED  WAS PERFORMED  WAS PERFORMED  WAS PROBLESS  WAS PERFORMED   CATION	TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).		
DEATH (notify medical examiner)	RTIF	WAS PERFORMED	No
While At work  22. I certify that (1) (this hospital) attended the deceased fram  22. 27 19 7 to 3 - / 19 fthat (1) (we) last saw the deceased alive on 3 - / 5 19 7 and that in (my) (our) apinian death accurred an that and have and fram the causes stated above. (1) (We) (did) (did nat) view the bady after death.  23A. SIGNATURE  Attending Med.  23B. DATE SIGNED  23C/PHYSICIAN'S NAME (Type)  Venerand C. Gevas mid  23D. ADDRESS  23D. ADDRESS  23D. ADDRESS  23D. ADDRESS  23D. Location (City, town, or county)  BURIAL 3-16-72 BETH HAMEDROSH HAGODOL, ROSEDALE, MARYLAND  25D. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR  25D. NAME OF REGISTRAR  25D. TUNERAL DIRECTOR  ADDRESS  ADDRESS	CAL	DEATH (notify medical examine)	in or about 21C. WHERE DID (If in Baltimore City, give exact location)  ffice bldg., INJURY OCCUR?
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and have and from the causes stated abave. (1) (We) (did) (did not) view the bady after death.  23A. SIGNATURE    Stoff   Director   Phys.   3/15/7	- 4	The state of the s	P7 \
23A. SIGNATURE  ### ### ### ### ### ### ### ### ### #	- 1	***************************************	the day
Attending Med. Shaft Signed    Attending   Med. Director   Shaft   3/15/7		and haur and from the causes stated above. (i) (We) (did) (did nat)	view the bady after death.
230. Physician's NAME (Type)  Veneroud C. Gevas NIV  DEGREE Phys. Director Phys. W  23D. ADDRESS  Veneroud C. Gevas NIV  DEGREE Phys. Director Phys. W  23D. ADDRESS  Phys. Director Phys. W  37/10  DEGREE Phys. Director Phys. Director Phys. W  37/10  DEGREE Phys. Director Phys			
Veneranda C. Geras Mio  Jegree Sunai Horas of Balkinore, Suc.  24A. BURIAL CREMATION, 24B. DATE 24C. NAME OF CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) (SI BURIAL 3-16-72 BETH HAMEDROSH HAGODOL, ROSEDALE, MARYLAND  25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR? (250. FUNERAL DIRECTOR)  ADDRESS	ŀ	There and C. Helds Mus DEGREE Phy	s. Director Phys. 2
24A. BURIAL CREMATION, 24B. DATE 24C. NAME OF CEMETERY OF CREMATORY 24D. LOCATION (City, town, of county) (SI BURIAL 3-16-72 BETH HAMEDROSH HAGODOL, ROSEDALE, MARYLAND 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR? 25C. TUNERAL DIRECTOR ADDRESS		NAME (Type)	
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25A. DATE REC'D BY HEALTH DEPT.   25B. NAME OF REGISTRAR       25G. FUNERAL DIRECTOR   ADDRESS			
	25A.	MAR 20 1972 Page & Fellow MAR.	

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the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the

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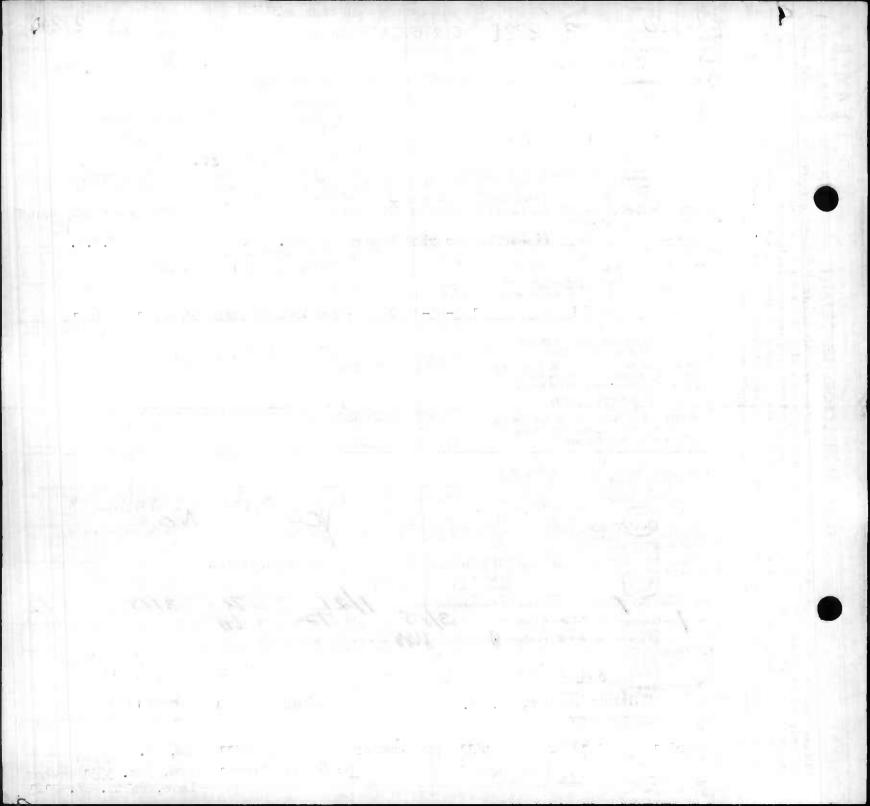
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BALTIMORE CITY HEALTH DEPARTMENT

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Inc. 3331 Brehms Lane, Balto. Md. 212)

FU	PLACE IN BALT	(IF NOT I		AL OR INSTIT	UNCED DEAD	A. STATE  MARY	B COUN	ne deceased lived. If	institution; re	2.10A sidence befare odmi
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	33					2611	E MADI	SON ST.		
5. \$		6. RACE			NEVER MARRIED	8. DATE OF		9. AGE (In years last birthday) 50	Il Under Manths	1 Yr. If Under 2 Days Haurs A
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dan	e during most of w	orking life, even	if retired)	IVE KIND OF	BOSINESS OR INDUSTRE	I II. BIKIMPLA	CE (State of forei	ign country)	12. CITIZ	EN OF WHAT COL
13.	Guard FATHER'S NAM	E		inkerto	on Security Ag	ency	Md.			U.S.A.
	HARRY							me ELIA TAYI	OB	
15.			Armed Fore	?	1 & SOCIAL			ELIA TATI	LUK	
(Yes	Wes Deceased s, no or unknown)			of service)	SECURITY NO.	17. INFORM	MA E			ADDRESS
	yes	WW.	II		163-03-9290 CAUSE OF DEAT	Joh	n Crew I	V (son) 96	Rumelia	APPROXIMATE INTER
		sthenia, etc. lication which NTECEDENT	it means in caused of CAUSES	the disease, death.)	00210,011	A CONSEQUE	777			<del></del>
иои	heart failure, o Injury or comp  AI  DISEASES OR rise to the UNDERLYING  OTHER SIGNIFIC TO THE DEATH	sthenia, etc. lication whice NTECEDENT CONDITIO above con CONDITION  II CANT CONDITION BUT NOT REL	CAUSES  ONS, if a use (A) lost	the disease, death.)  ny, giving stating the ITRIBUTING E TERMINAL	DUETO OR AC	A CONSEQUE	NCE OF:			
ERTIFICATION	DISEASES OR dise to the UNDERLYING  OTHER SIGNIFIC TO THE DEATH DISEASE OR CO  19A-DATE OF CO	sihenia, elc. lication which NTECEDENT CONDITIO BOVE COL CONDITION II CANT CONDITI BUT NOT REL BUT NOT REL DETERMINENT CONDITION OF PERATION	It means the coused of CAUSES  ONS, if a couse (A) it lost.  OONS CON ARTED TO THE EN IN PART 198. CONE WAS PERFORMED TO THE CONE WAS PERFORMED TO T	ny, giving stating the ITRIBUTING E TERMINAL 1 (A).	(B) DUE TO, OR AS  (C)	A CONSEQUE	NCE OF:		E FINDINGS (AUSES OF D	CONSIDERED EATH?
CERTIF	heart failure, o Injury or comp  AI DISEASES OR rise to the UNDERLYING  OTHER SIGNIFIC TO THE DEATH DISEASE OR CO	sibenia, elc, licatian which in the condition above condition	th means the coused of CAUSES  INS, if a use (A) to the couse of the c	ny, giving stating the ITRIBUTING ETERMINAL 1 (A). WITHON FOR VORMED 121B	(B) DUE TO, OR AS  (C)	A CONSEQUE	DPSY? (Yes ar No	208. IF YES, WER	AUSES OF D	CONSIDERED EATH?
DICAL	DISEASES OR rise to the UNDERLYING  OTHER SIGNIFICATION THE DEATH DISEASE OR CO  19A-DATE OF CO  21A-ACCIDENT OR CONTRIBUT DEATH (notify n	sibenia, elc, licatian which in the condition above condition	It means the course of the cou	ny, giving stating the ITRIBUTING ETERMINAL 1 (A). WITON FOR VORMED (Hour) 21E.	(B) DUE TO, OR AS  (B) DUE TO, OR AS  (C)	A CONSEQUE	DPSY? (Yes ar No	208, IF YES, WER IN CERTIFYING C	AUSES OF D	EATH?
MEDICAL	DISEASES OR THE TOTAL PROPERTY OF TO THE DEATH DISEASE OR CO 19A-DATE OF CONTRIBUT DEATH (nosity in 21b, time of the time of time of the time of the time of the time of time of the time of t	sihenia, elc. licatian which NTECEDENT CONDITION CONDITION IL CANTCONDITION CONDITION	It means the caused of causes (A) (I lost	ny, giving stating the ITRIBUTING ETERMINAL 1 (A).	(C)	20A. AUTO	DPSY? (Yes at No	208, IF YES, WER IN CERTIFYING C	ore City, give	exact lacation)
MEDICAL	DISEASES OR THE TOTAL PROPERTY OF TO THE DEATH DISEASE OR CO 19A-DATE OF CONTRIBUT DEATH (nosity in 21b, time of the time of time of the time of the time of the time of time of the time of t	shenia, etc. lication which NTECEDENT CONDITION CONDITION IL CANTCONDITION CONDITION CONDITION CONDITION CONDITION CONDITION CANTCONDITION CONDITION CONDITI	It means the caused to caused the caused to caused the caused to caused the caused to cause  the caused to cause  the caused to cause the caused to cause the caused to caused the caused to cause  the caused to cause the caused to cause the caused to caused the caused to cause  the caused to cause the caused to cause the caused to cause the caused to cause the caused the caused the caused to cause the caused t	ny, giving stating the ITRIBUTING ETERMINAL 1 (A).	WHICH OPERATION  (C)  WHICH OPERATION  Jaw Neck  PLACE OF INJURY (e.g., i e, form, factory, street, o  INJURY OCCURRED  Not Whil he deceased from  (We) (did) (fill for)	20A. AUTO	DPSYS (Yes ar No DPSYS	208. IF YES, WERE IN CERTIFYING COURT  18 to 000 in Inglish (our) of the court of t	Ore City, give	exact lacation)  19 2 a occurred on the
MEDICAL	heart failure, o injury or comp  All DISEASES OR rise to the UNDERLYING  OTHER SIGNIFIC TO THE DEATH DISEASE OR CO 19A-DATE OF CO 19A-DATE OF CONTRIBUT DEATH (nofity in 21D-TIME OF INJURY (APPROX.)  22. I certify the thot (J) (we) I ond hour and 23A. SIGNATURE 23C-PHYSICIAN	shenia, elc. lication which NTECEDENT CONDITION CONDITION II CONDITION II CONDITION CONDITION CONDITION CONDITION CONDITION CAUS CAUS Redical examing CAUS redical examing CAUS caus condition (Day CAUS cost sow the from the coule caused conditions of the coule caused c	It means the caused of causes of causes of causes of causes of cause (A) it lost.  It is a caused of cause (A) it lost.  It is a caused of cause (A) it lost.  It is a caused of causes of	ny, giving stating the ITRIBUTING ETERMINAL 1 (A).  White Item 1 (A) Item 1 (	WHICH OPERATION  (C)  WHICH OPERATION  Jaw Neck  PLACE OF INJURY (e.g., i e, form, factory, street, o  INJURY OCCURRED  Not Whil he deceased from  (We) (did) (fill for)	20A. AUTO  20A. AUTO  20A. AUTO  21F.  21F.  21F.  22F.  23D. ADDRESS	DPSYS (Yes ar No DPSYS	208. IF YES, WERIN CERTIFYING C	ore City, give	exact lacation)  19 2 a occurred on the



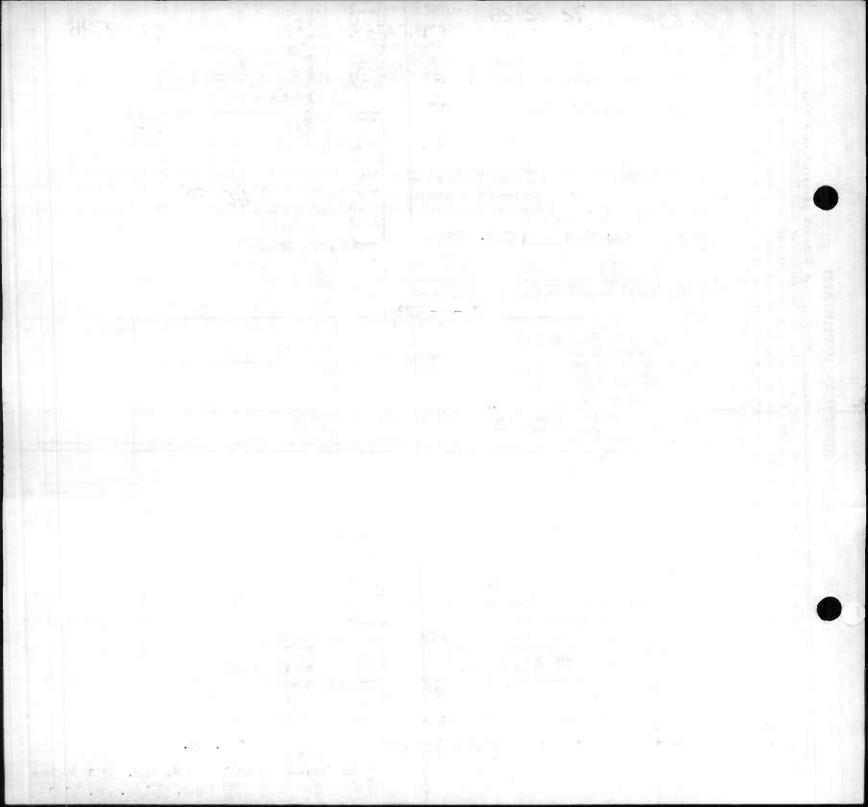
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

S-420 BIRTH NO.	72 0272	BALTIMORE CITY CERTIFICA	HEALTH DEPART		72 02725
1. NAME OF DECEAS	ZELIGA	HENRY	2	DATE AND HOUR OF DE	ATH 1200
	ORE MARYLAND, WHERE PR		4. USUAL RESIDE	NCE (Where deceased lived. B. COUNTY	If institution: residence before admission)
FULL NAME OF HOSPITAL OR INSTITUTION	(IF NOT IN HOSPITAL OR II ADDRESS OR LOCATION)	NSTITUTION, GIVE STREET	C. CITY OR TOWN	J D.	INSIDE CITY LIMITS?
CHURCH	HOLLE +	-HOSPITAL	E. STREET AND N	NUMBER N. Ellwood	YES NO
5. SEX  6. 8	ACE 7. MAR	RIED NEVER MARRIED	8. DATE OF BIRTH		If Under 1 Yo. If Under 24 His.
M	WIDO!	WED DIVORCED	10/17/9	8   lost birthdoy)	Months Doys Hours Min.
done during most of work	NON (Give kind of work 108, KIN ng life, even if retired)	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (S	tate or fareign country)	12. CITIZEN OF WHAT COUNTRY
Ship Seal	er (retired)	des)	000	Md.	U.S.A.
John	Szeliga		14. MOTHER'S M	AIDEN NAME	
15. Was Deceased Eve (Yes, no or unknown) (If	r in U. S. Arthed Forces? yes, give wer or dotes of serv		17. INFORMANT		ADDRESS
no		2-17-07-4466		zelgia (wife)	same as above
	R CONDITION DIRECTLY DING TO DEATH	CAUSE OF DEATI	•	: c0	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
(This does not a	neon the made of dying, tenio, etc. it means the disc plion which caused deoth.)	e.g., DUE TO, OR AS	A CONSEQUENCE O	f:	A
	ECEDENT CAUSES	, Au	te myoc	adid Inforce	urin 1
	CONDITIONS, if ony, gi bove couse (A) sloting ONDITION lost,	the (C)	A CONSEQUENCE	OF:	
	II	(4/		***************************************	
	NT CONDITIONS CONTRIBUTE OF THE TERMINITION GIVEN IN PART 1 (A).	NAL Access	elestic	disease	***************************************
EN O	WAS PERFORMED	OR WHICH OPERATION	20A. AUTOPSY?	(Yes of No.) 20B, IF YES, W	ERE FINDINGS CONSIDERED CAUSES OF DEATH?
OR CONTRIBUTIN	VAS UNDERLYING  G CAUSE OF Sicol examined	21 B. PLACE OF INJURY (e.g., Inhome, Iorm, Ioctory, street, of	n or about 21 C. WHE fice bldg., INJURY C	RE DID (If In Bol	itimore City, give exact location)
O 21D.TIME (M. OF INJURY (APPROX.)	onth) (Doy) (Year) (Houd)	While At Not While Work At Work		V DID INJURY OCCUR?	
22. I certify the	(1) (this hospital) ottend	ed the deceosed from		19to	19
11 1					opinion deoth occurred on the dote
ond hour and fro	m the couses stated above	re. (I) (We) (did) (did nat) v	lew the body ofte	or deoth.	
234,3101141012	Birthe	1 Dham	nding Med.	ctor Staff Phys.	3/12/172
23C. PHYSICIAN'S NAME (Type)	S.P. GIRDH	AR MD.	Chusch	21	Alte
24A. BURIAL CREMAT REMOVAL (Speci	ION, 24B, DATE 24	C. NAME of CEMETERY OF CRE	MATORY	24D. LOCATION	(City, town, or county) (State)
BURIAL	3/16/72	Holy Rosary Ce		Balto	
MAR 2 0 1972 VS 150-REV. 1/1/68	HEALTH DEPT. 25B. NA	ACD.	Sch Imu	nek Funeral Ho La	mes, Inc. 3331 Brehms ne, Balto, Md. 21213

8 = Land Company

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1		פלי	02726	BALTIMORE CI	TY HEALTH DE	PARTMENT		
6-	625	12	04140	CERTIFIC	ATE OF	DEATH	REG. NO	72 02726
BIRTH N	0.			CERTIFIC	ATE OF	DEATH		12 02120
	OF DECEAS		- 4				AND HOUR OF DEATH	
(Type or	Print)	WILLAM	GRIS	INGER. SE	2	3-1	2-72	11559. M
3. PLAC	E IN BALTIM	DRE MARYLAND,	WHERE PRONO	UNCED DEAD	A. STATE	B. COL	אדאנ	institutions residence before admissions
FULL NA HOSPITA IN STITUT	AME OF	ADDRESS OR LOC	TAL OR INSTIT CATION)	TUTION, GIVE STREET	C. CITY OR		D. INS	SIDE CITY LIMITS?
			1 1700	a a material	BA	LTIMOR	F	YES 🔀 NO
יואט	+ M	EMORIA	i No	SPICAL		7 LAW	NUIEW-AV	E 21213
5. SEX	6. R	ACE	7. MARRIED	NEVER MARRIED	8. DATE OF	BIRTH	9. AGE (In years	If Under 1 Yr. If Under 24 Hrs. Months: Doys Hours Min.
	M	W	WIDOWED	DIVORCED	9/13	3/11	9. AGE (In years lost birthdoy)	
		NON (Give kind of wo		F BUSINESS OR INDUST				12. CITIZEN OF WHAT COUNTRY
		Education		o. City	MAK	PYLANI	)	HHERICAN
	ER'S NAME	addica cron	Dal	0. 0103	14 MOTHER	R'S MAIDEN N	AME	
	SAM	VEL	LHVDI	WOOD CK	ISSING E	R	- EDNA	A ALLOWAY
15. Wes	Deceased Eve	in U. S. Armed Fo	rces?	1 & SOCIAL	17. INFORMA	ANT		ADDRESS
nc		yes, give war or da	les of service)	SECURITY NO. 215-22-5722	EVE	LYN G	RISSING	ER SAME
18. /		7.1		CAUSE OF DE				APPROXIMATE INTERVAL
	DISEASE C	R CONDITION D	RECTLY			-		BETWEEN ONSET AND DEATH
		DING TO DEATH			CA	RDIAC	ARRES	7
IThis	does not r	mean the mode o	dying, e.g.,	(A) IMMEDIATE C	AS A CONSEQUE		7 7 7 7 0	
hear	t failure, asth	enia, etc. It mean	s the disease	por 10, ok	O A CONTRECTE	1100 011		
Infor		ation which cause						
	ANT	ECEDENT CAUSE	S	(8)				
DISE	ASES OR	CONDITIONS, If	eny, giving	DUE TO, OR	AS A CONSEQU	ENCE OF:		
		bove couse (A	stating the					
UNI	DEKLING C	ONDITION last		(c)				
-		11						
O OTHE	ER SIGNIFICAL	NT CONDITIONS C	ONTRIBUTING					79
A DISE	HE DEATH BU ASE OR COND	UT NOT RELATED TO	INE TERMINAL RT 1 (A).	************				
		ERATION 198 CO		WHICH OPERATION	20A. AUT	OPSY? (Yes or	No. 208, IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH?
02.0	ACCIDENT V CONTRIBUTION TH Inotify med	VAS UNDERLYING G CAUSE OF Scal exemined	211 her	B. PLACE OF INJURY (a., ne, form, foctory, street,	office bldg., INJ	WHERE DID	(If In Boltimo	ore City, give exact lacation)
DEA	TIME IM	onthi (Doy) (Year	Houd 211	LINJURY OCCURRED	216	HOW DID	NJURY OCCUR?	
5 01 11	NJURY	omin tooli (160)		hile A( T Not W		ו עוע זויסוו	WORL OCCUR	
CAPP	ROXI			ork At W				
22.	certify the	t (1) (this hospite	al) attended	the deceased from	3 -	12	19 /2 to	3-12 1972
				2	10	72	Alex te feed feed	lates death and at the
}		t sow the decea		·····				olnion death accurred on the dat
ond	hour and fre	om the causes st	ated above.	(I) (We) (did) (did not	) view the bod	ly after deat	10	and the same of th
23A.	SIGNATURE	1. Ma	1-0-	1511				238, DATE SIGNED
		Juan M	e to ata		Attending	Med.	Staff Phys.	3-12-72
23C.	PHYSICIAN'S NAME (Type)	JUAY	v 4.	EALDERON	23D. ADDRES	S	UMH	1121218
24A. BUI	RIAL CREMAT	TION, 248. DATE	24C. N	AME of CEMETERY OF	CREMATORY	24D.		City, town, or county! (State)
	rial	3/17/	72 Par	kwood Cemete	יייני		Balto. Md.	
		HEALTH DEPT.		OP REGISTRAR		NERAL DIRECT		ADDRESS
MAR	0 4079	R.B. B.E.	2 0%	A Z U				
	7 31 194 / //	A ALTER STANDARD COM. BALL	THE AMERICA		/	TAILUI MARK		S. Inc. <<<1 Hyphma
ME 160 C	EV. 1/1/68		Tribes,	K.O., .	apii	Islandie X I		s, Inc. 3331 Brehms, Balto. Md. 21213



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

	9-460	חבו	ר שמים		HEALTH DEPARTM		ייריו	2 02727
	RTH NO.		02727	CERTIFICA	TE OF DEA	TH REG. N	NO	CCICI
	NAME OF DEC		ence	Phalla	2.0.	ATE AND HOUR OF E	DEATH 1 O	
3,	PLACE IN BAL	IMORE, MARYLAND, W	HERE PRONOL	INCED DEAD	4. USUAL RESIDENC		ed. If institution:	Moresidence before admissional
II H	JLL NAME OF OSPITAL OR STITUTION	(IF NOT IN HOSPIT ADDRESS OR LOCA	AL OR INSTITU	ITION, GIVE STREET	Md.		D. INSIDE CITY I	2633 IMITS2
	MARLY	land Ger	eral	H05P	Bal to		YES 🔀	
	0				3528 Ches	sterfield Av	e. Baito	Md. 21213
5,	SEX	6. RACE		NEVER MARRIED	8. DATE OF BIRTH	9. AGE (in year lost birthday)	Months	Pr. If Under 24 Hrs. Doys Hours Min.
10/	M USUAL OCCU	W PATION (Give kind of work	WIDOWED	DIVORCED BUSINESS OR INDUSTRY	17/29/14	57		
dor	ne during most of w	rorking life, even if retired)	IOE KIND OF	POSIMEZZ OK IMDOZIKI	11. BIRIMPLACE (Stote	or foreign country)	12. CITI	ZEN OF WHAT COUNTRY?
122	Salesm:		R. S.	Stern Inc.	Md.			
'3•	PATHEKS NAM	/E			14. MOTHER'S MAID	EN NAME		
		Joseph Phall	er		Mar	y Zink		
15. (Ye	Wes Deceosed s, no or unknown!	Joseph Phall Ever in U. S. Armed Ford III yes, give wor or dote	s of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT			ADDRESS
	no			216-10-3637	Ruth Phal	ler (wife)	92	me as above
	18. 157	9		CAUSE OF DEATH	1	101 ("110)	50	APPROXIMATE INTERVAL
		OR CONDITION DIR	ECTLY			1000		BETWEEN ONSET AND DEATH
		LEADING TO DEATH	duine on	(A) IMMEDIATE CAU	SE	TARCINO	MAT	0515
	heorf loilure,	sthenia, etc. It means	the disease,	DUE TO, OR AS	CONSEQUENCE OF:			/
		olication which caused	death.)		V	(		7-MDS
		NTECEDENT CAUSES		(B)	lanche	ane (	0-	71110
	rise to the	R CONDITIONS, if abave cause (A) CONDITION last,	slaling the	(C)	A CONSEQUENCE OF:			
		11		(0/				
ATION	TO THE DEATH	CANT CONDITIONS CON BUT NOT RELATED TO THE NOTION GIVEN IN PART	E TERMINAL		**********************			
CERTIFICATION	19A. DATE OF	OPERATION 198 CON	DITION FOR W	HICH OPERATION	20 A. AUTOPSY? (Yes	OF No. 208, IF YES, Y	WERE FINDINGS G CAUSES OF I	CONSIDERED DEATH?
S	21A. ACCIDEN	MAS UNDERLYING CAUSE OF	218, 5	PLACE OF INJURY (e.g., in	or about 21 C. WHERE	DID (If In B.	oltimore City, give	a awat law that
MEDICAL	DEATH (notify (	ring CAUSE OF	home,	, form, foctory, street, aff	ice bldg., INJURY OCC	:U x?	ommore City, give	E exoct locollon)
AED	OF INJURY	(Month) (Doy) (Year)		NJURY OCCURRED		ID INJURY OCCUR?		
-	(APPROX.I		While	Not White			1	
	22. I certify t	hat 🗱 (this hospital)	attended the	deceased from	3/11	19 73 to	3/1.	3 19 7 ]
		ast saw the decease		3113	19 73		) opinion deat	h accurred on the date
	and hour and	from the causes state	ed abave. (1)	(did) (did not) vi	ew the hady after de	enth.	, , , , , , , , , , , , , , , , , , , ,	deconed on the data
	23A. SIGNATUR	E ( 1 )		2 1			238 DAT	E SIGNED ;
		TITULE	M	Dave	ding Med.	Staff	3	113/77
	23C. PHYSICIAN	is to the	M		3D. ADDRESS	Phys. A	10 17	110 110
24A	BURIAL CREAM	ATION, 248. DATE	24C N 44	DEGREE WE of CEMETERY OF CREE	(L(	6H	Balt	o Md.
	KEWOAYT (26	ecifyl				24D. LOCATION	(City, town, o	r countyl (Stote)
25 A	Burial	3/16/		rdens of Fait		Balto.		
	MAR 2		25B NAME OF	AEGISTRAR	Schimune	Funeral H	omes, Ind	c. 3331 Brehnis
VS	150-REV. 1/1/68							Md. 21213

\* + \r . pag e d . . . another 

	-	ac		pu	0	
	approved by the chief medical examiner or his assistant if death occurred in a t	to the hospital by a medical examiner. Also, if the direct or contributing cau	of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause;	al (except where the physician who pronounced death was in regular attend	h); and (6) No physician was in regular attendance on the deceased prior to	
	9	ing	CO	a	r.o	
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	N.	7	2	100	P	be obtained before the remains are embalmed or final disposition is made.
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	db	0	f a	_	-	9
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cause of death se; (5) Deceased

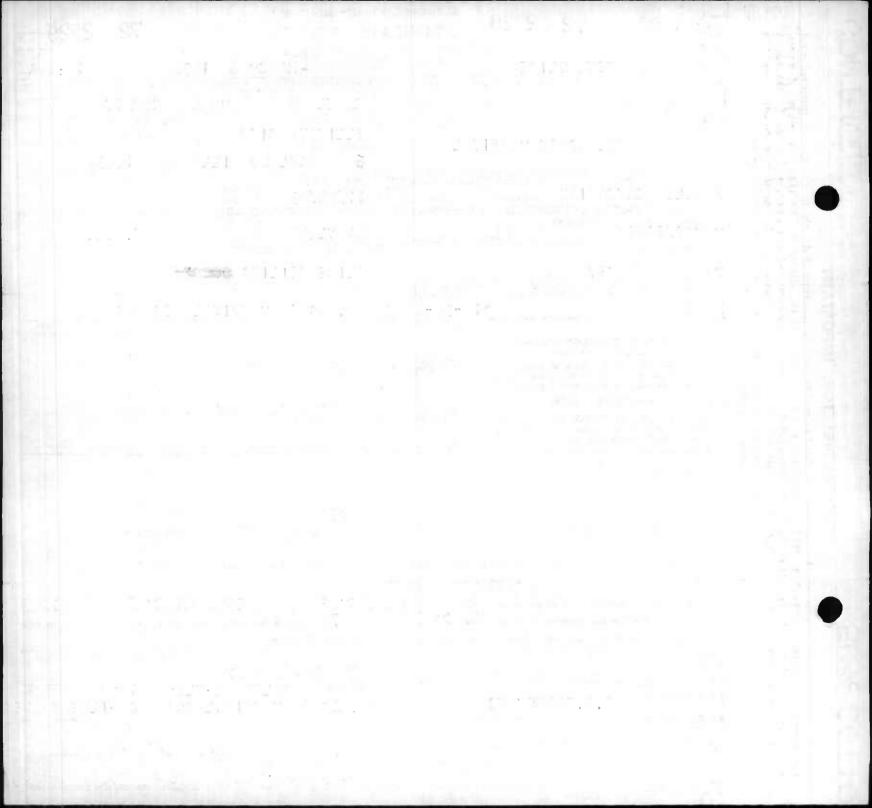
a hospital

BALTIMORE CITY HEALTH DEPARTMENT REG. NO. '72 72 02728 CERTIFICATE OF DEATH BIRTH NO. I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) ROLD ON 4. USUAL RESIDENCE (Where deceosed lived. If institution residence before A. STATE B. COUNTY 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) FULL NAME OF HOSPITAL OR C. CITY, OR TOWN D. INSIDE CITY LIMITS? NO YES E. STREET AND NUMBER Sca995 NH 250 5. SEX MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years Months Doys Hours Il Under 24 Hrs. lost birthday aucasian WIDOWED DIVORCED 10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State at loreign country) 12. CITIZEN OF WHAT COUNTRY? done during host of working life, even if retired) 13. FATHER'S NAME 4. MOTHER'S MAIDEN NAME in or 15. Was Deceased Ever in U. S. Armed Forces? (Yes, na ar unknawn) (If yes, give war or dates af service) 6. SOCIAL ADDRESS SECURITY NO. 705/016 18. / CAUSE OF DEATH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A)IMMEDIATE CAUSE (This does not meen the mode of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF: heart loilure, asthenia, etc. It means the disease, injury or complication which coused deoth.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the obave couse (A) stating the UNDERLYING CONDITION last. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING CERTIFICATIO TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 119B. CONDITION FOR WHICH OPERATION WAS PERFORMED WAS PERFORMED for WHICH OPERATION 20 A. AUTOPSY? (Yes at Na) 20 B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 21 A. A CCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 218. PLACE OF INJURY (e.g., in ar obout 21 C. WHERE DID home, form, factory, street, office bldg., INJURY OCCUR? (If In Boltimore City, give exact location) MEDICAL DEATH (notify medical examined) (Dayl (Year) (Haur) 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY Not While While Al r (APPROX.) Work 22. I certify that (1) (this hospital) attended the deceased from that (1) (we) last sow the deceased alive on ond that in (my) (our) opinion death occurred on the date and hour and from the couses stated above. (1) (We) (did not) view the body after death. 23A. SIGNATURE 23B, DATE SIGNED Attending Med. Director 23C. PHYSICIAN'S 23D. ADDRESS NAME (Type)

made. .5 disposition final 0 embalmed are remains pe must written approval 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, tawn, or county) (State) ROMOVAL (Specify) 258 NAME OF REGISTRAR SC. FUNERAL DIRECTOR VS 150-REV. 1/1/68

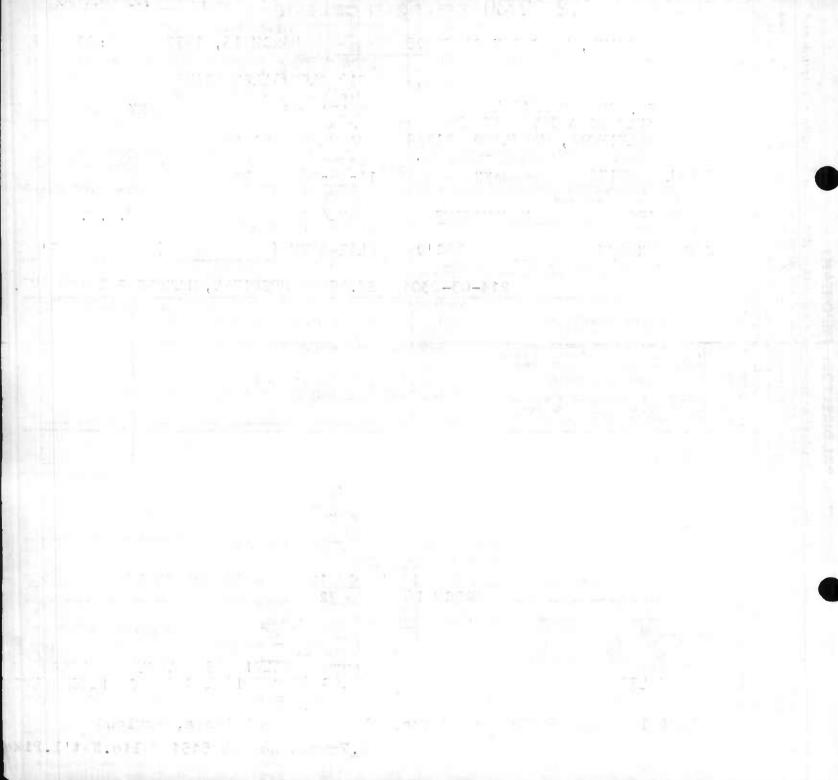
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death. Such written approved must be obtained before the remains are embalmed or final disposition; is made.

1	22 HO 00H	BALTIMORE CIT	Y HEALTH DEPARTMENT	
BIRTH NO.	20 72 027	CERTIFICA		72 02729
(Type or Print)	DORSEY, ELISE		MARCH 6, 197	
3. PLACE IN BA	LTIMORE, MARYLAND, WHERE P	RONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived. I	
FULL NAME OF HOSPITAL OR INSTITUTION	(IF NOT IN HOSPITAL OR ADDRESS OR LOCATION)	INSTITUTION, GIVE STREET	MARYLAND HOWARI	D COUNTY 6
11			ELLICOTT CITY	YES NO
40	ST. AGNES HO	DSPITAL	E. STREET AND NUMBER	160
			6899 OAKLAND MILLS	RD 21043
5. SEX	6. RACE 7. MAI	RRIED NEVER MARRIED	8. DATE OF BIRTH   9. AGE (In years	If Under 1 Yr., If Under 24 Hi
FEMALE	ICATICA CTAN	WED DIVORCED	11/28/03   lost birthdoy)	Months Doys Hours Min.
IOA. USUAL OCC	UPATION (Give kind of work 108, KI		11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTY
HOUSEKE	E PER	Hame	MARYLAND	U.S.A.
13. FATHER'S NA	ME		14. MOTHER'S MAIDEN NAME	
HAMMOND	DORSEY		ELISE SEILING	¥
	d Ever in U. S. Armed Forces?	16. SOCIAL	17. INFORMANT	ADDRESS
	nit yes, give war or doles of ser			
NONE		212-30-2405		
18.444	1.2	CAUSE OF DEAT	H	APPROXIMATE INTERVAL BETWEEN ONSET AND DEA
DISEA	SE OR CONDITION DIRECTLY		( A	/
	LEADING TO DEATH	(A)IMMEDIATE CA	USE DEDUCENIA	hus
(This does	not mean the mode al dying,	E.C. DUETO OP AS	A CONSEQUENCE OF:	***************************************
	asthenia, etc. It means the dis	ease,		
	ANTECEDENT CAUSES	TK	um bosis Sup. Mesenter	· C.t. Vara
		(B) (B)	Um Doses sup. Miseria	calle ady
rise to th	OR CONDITIONS, if any, go above cause (A) stating	iving DUE 10, OR AS	A CONSEQUENCE OF:	
UNDERLYIN	G CONDITION last.	(c)		
	- 11			
OTHER SIGNI	FICANT CONDITIONS CONTRIBUT	ING		
OTHER SIGNI TO THE DEA DISEASE OR CO 19A. DATE OF	TH BUT NOT RELATED TO THE TERMI CONDITION GIVEN IN PART 1 (A).	NAL		
19A. DATE OF	F OPERATION 198 CONDITION WAS PERFORMED	FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WER IN CERTIFYING	RE FINDINGS CONSIDERED
E 72			YES IN CERTIFYING O	CAUSES OF DEATH?
OR CONTRIB	NT WAS UNDERLYING UTING CAUSE OF medical examiner	21& PLACE OF INJURY (e.g., home, form, factory, street, o	in or about 21 C. WHERE DID (If In Baltin	nore City, give exect location)
DEATH (notify	(Month) (Doy) (Year) (Hour)	216 INJURY OCCURRED	21f. HOW DID INJURY OCCUR?	
OF INJURY		While At Not While	e []	
	that (1) (this hospital) attend		MARCH 2 19 72 to MA	RCH 6 1972
that (1) (we)	last saw the deceased alive	on MARCH 6	19 72 and that In(my) (our) o	pinian death accurred on the do
1	d from the couses stated abo		,	accomed on the do
23A. SIGNATU		1-	tion the body diter death.	DATE PLONES
	( K ( 1)	Atte	anding Med. Stoff	23B, DATE SIGNED
226 Bulker		DEGREE Phy	s. L. Director L. Phys. LA	2/0//
PHYSICIA NAME (1	vnel		23D. ADDRESS BALTO MARYLA	ND 21229
	C.R.CHANEX		ST. AGNES HOSPITAL; CA	TON & WILKENS A
4A. BURIAL CRE	MATION, 248, DATE	IC. NAME OF CEMETERY OF CRI		(City, lown, gr county) (State)
HOVAL	Specify	A1 - P1	1 /1 11	1 m. 1
SA. DATE REC'D	ul 3/9/72	Christ he	erch Gulfa	d Ma
MADOO	40000	ME OF REGISTRAR	25C FUNERAL DIRECTOR	ADDRESS
MILIU Z U		Ber, M. D.	Torcildion Tuneral	Home Laure O.V.
S 150-REV. 1/1/	4.0			



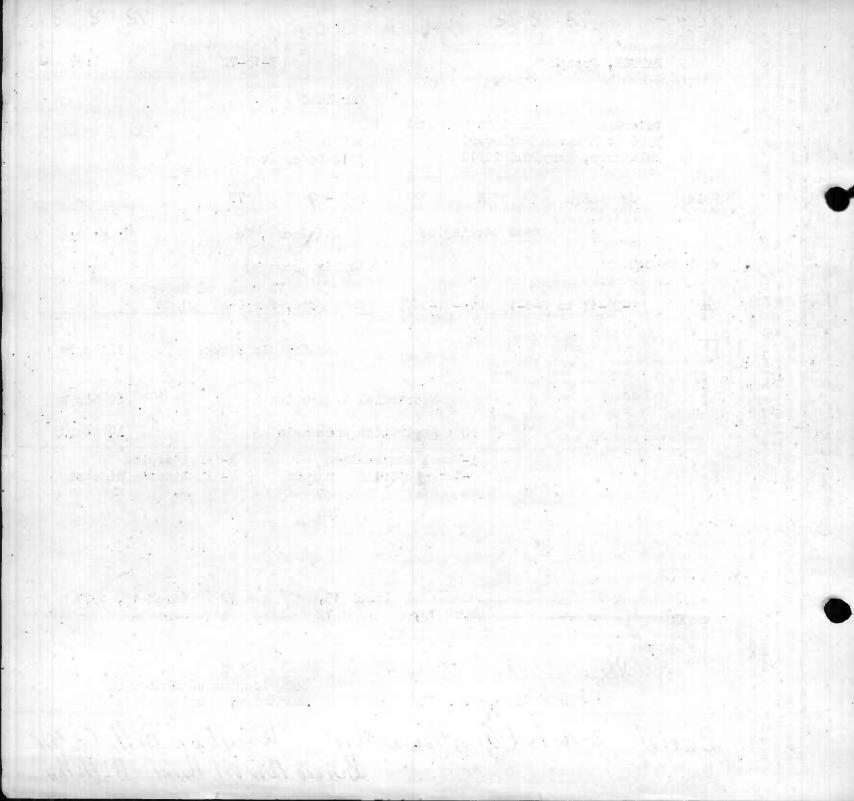
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1	0	BALTIMORE CITY	HEALTH DEPARTMENT		HO COMOC
1	5-215 72 027	730 CERTIFICA	TE OF DEATH	REG. NO	72 02730
Ту	PO OF PRINT BUXBAUM, MARGAR		MARC	H 16, 197	2 9:50 Pm.
FU	PLACE IN BALTIMORE, MARYLAND, WHERE PROSPITAL OR (F NOT IN HOSPITAL OR (F NOT IN HOSPITA	ASTITUTION, GIVE STREET  AL  AVENUE	514 GLEN AL C. CITY OR TOWN BALT I MORE E. STREET AND NUMBER	LEN DRIVE	SIDE CITY LIMITS?  YES XX NO
	BALTIMORE, MARY	LAND 21229	MARYLAND 2	1229	
5. 5	DELIALE NULTE	RIED NEVER MARRIED WED K DIVORCED	11-26-98	9. AGE (In years lost birthday) 73	H Under 1 Yr. II Under 24 Hrs. Months Doys Hours Min.
don		D OF BUSINESS OR INDUSTRY	MARYLAND		U.S.A.
13.	FATHER'S NAME		14 MOTHER'S MAIDEN NA	ME	
11	JOHN BUXBAUM	DEC 'D	ELIZABETH (		) DEC 'D
(Ye	Was Deceased Ever in U. S. Armed Forces? s, no or unknown) lif yes, give war or dates of serv	16 SOCIAL SECURITY NO. 214-03-0301	ST.AGNES HOS	PITAL, WIL	ADDRESS  KENS & CATON AVE.
ERTIFICATION	injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, given to the above cause (A) stating UNDERLYING CONDITION last.  II  OTHER SIGNIFICANT CONDITIONS CONTRIBUTT TO THE DEATH BUT NOT RELATED TO THE TERMI DISEASE OR CONDITION GIVEN IN PART 1 (A).  19A-DATE OF OPERATION 19B CONDITION (WAS PERFORMED)	(c)	A CONSEQUENCE OF:    20A. AUTOPSY? (Yes or No. YES		FINDINGS CONSIDERED AUSES OF DEATH?
CAL CE	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examined	218. PLACE OF INJURY (a.g., i home, form, factory, street, o otc.)	n or obout 21 C. WHERE DID	(if In Boltimo	ore City, give exact location)
MEDI	21D. TIME (Month) (Doy) (Year) (Hour) OF INJURY (APPROX.)	21E INJURY OCCURRED While At Not While Work At Work	21F. HOW DID IN	URY OCCUR?	
24	22. I certify that (I) (this hospital) attend that (I) (we) last sow the deceased alive and hour and from the couses stated above 23A. SIGNATURE  23C.PHYSICIAN'S NAME (Type!  K LEE  A. BURIAL CREMATION,  24B. DATE    22	en MARCH 16 ve. (I) (We) (did) (did not) v	19 72 and the riew the body after death.  Inding Med. ST. AGNES BAL  ST. AGNES HO	Shoff to Phys. T I IMORE , M SPITAL; CA	Inion death occurred on the date  238 DATE SIGNED  Mouh 17, 1872  ARYLAND 21229  TON & WILKENS AVE
	Burial 3/20/1972	New Cathedi	al B	altimore,	Maryland
N	A. DATE REC'D BY HEALTH DEFT.  1AR 20 1972 Page 2 36.0 1 150-REV. 1/1/68	eu M.D.	G. Truman Sc	hwab 515	1 Balto.Nat'l.Pik



and eath ased the Such	1
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death. Such weither an expensively made to death was in regular attendance on the deceased prior to death. Such	1
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butin hed c lar c	Š
occu ontril ermii regu	
or condetendent	d
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lex lex (3) (3) (3) ian s in	3
edicc edicc burns hysic n wa	
a m ody he p	
1 by (2) Bere t	
spita vure; wh S) No	
y nat xcep	3
e approved by the chief medical examiner or his assistant if death occurred to the hospital by a medical examiner. Also, if the direct or contribution of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined tal (except where the physician who pronounced death was in regular th); and (6) No physician was in regular attendance of the deceased probabilistic of the control of t	
ased ased dent	2
rele accic	3
This certificate must be the body was released shows: (1) An accident was D.O.A. at a hospit deceased prior to deat	2
body ws: (1 D.O.	
This the show was dec	2
	-

7 20 00000	BALTIMORE CITY	HEALTH DEPARTMENT		ממשמת מש
P-350 72 02732	CERTIFICA	TE OF DEATH	REG. NO	72 02732
1.NAME OF DECEASED (Type or Print) PATTON, Joseph			13-72	5:55 P <sub>M</sub>
FULL NAME OF HOSPITAL OR INSTITUTION Veterans Administration 3900 Loch Raven Bouleva	non, Give street 1 Hospital	A. USUAL RESIDENCE (Whe A. STATE B. COUN Maryland C. CITY OR TOWN Baltimore E. STREET AND NUMBER	1TY	IDE CITY LIMITS?
Baltimore, Maryland 212	218	3314 Beech Av	enue	
Male Caucasian WIDOWED 10A. USUAL OCCUPATION (Give kind of work 108. KIND OF Idone during most of working life, even if retired)	BUSINESS OR INDUSTRY	8. DATE OF BIRTH  5-30-92 11. BIRTHPLACE (State or fore		If Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.  12. CITIZEN OF WHAT COUNTRY?
meat pa	eking co	Baltimore,		U. S. A.
John Patton		Garrie Crowth		
(Yes, no or unknown) (If yes, give wor or dotes of service)	6. SOCIAL SECURITY NO. 215-01-0475	17. INFORMANT VA : Baltimore, Mar	Hospi al Red	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (This does not mean the made of dying, e.g., heart failure, asthenia, etc. II means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION lost.	(8) Myocard	Cardiogenia Consequence of:  ial infarction A CONSEQUENCE OF: ion pneumonia	c shock	12 hours  12 hours
OR CONTRIBUTING CAUSE OF home etc.)	HICH OPERATION	ruction ain syndrome  20A. AUTOPSY? (Yes or No Yes n or obout 21 C. WHERE DID fice bidg., INJURY OCCUR?	208, IF YES, WERE IN CERTIFYING CA	ner's disease  FINDINGS CONSIDERED  USES OF DEATH?  THE City, give exect locotion
	NJURY OCCURRED  At Work	21 F. HOW DID INJ	URY OCCUR?	
22. I certify that (%) (this haspital) attended the that (%) (we) last saw the deceased alive on	March 13 g (We) (did) Air AXX v  DEGREE Physics	19 72 and the lew the body after deoth.  Inding Med.  Director 23D. ADDRESS 3900 L		3/15/72 Dulevard
24A. BURIAL CREMATION, 24B. DATE  REMOVAL (Sp.c.ify)  3 - 16 - 72  25A. DATE REC'D BY HEALTH DEPT.  25B. NAME OF  MAR 20 1972  VS 150-REV. 1/1/6B	OCCIPENT OF CRE	Cery U 256 FUNERAL DIRECTOR	lood bw N	B2/10 (C M)  B2/10 B2/10 M)

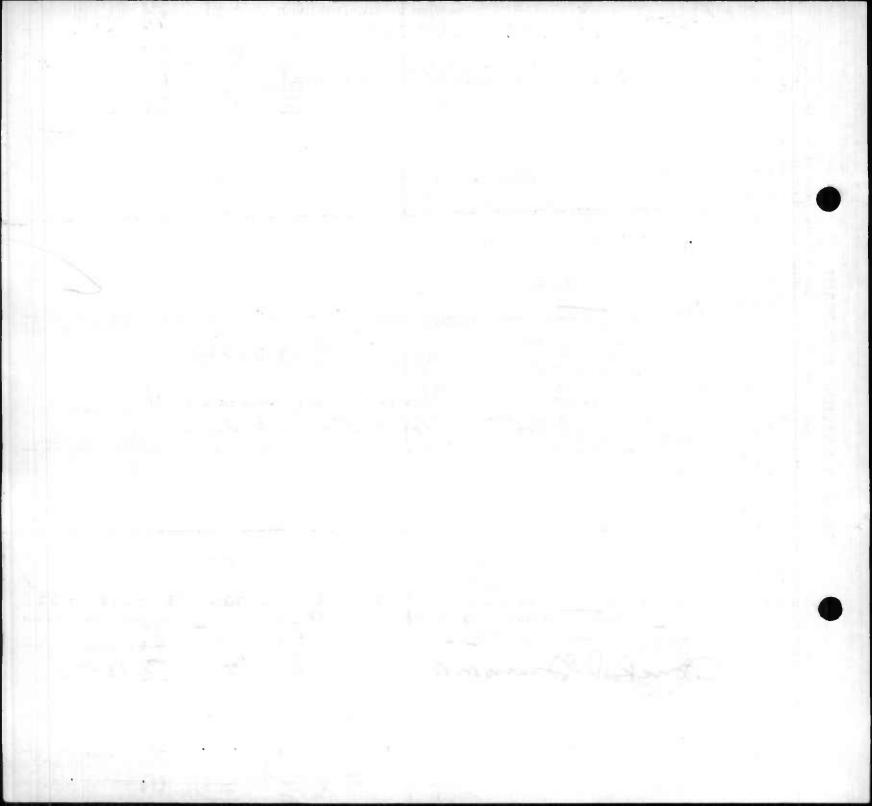


C-60	00 72 027	31		TE OF DEAT		. NO	2 027	3 <b>1</b>
INAME OF DE	CEASED				E AND HOUR OF	DEATH		- 2
(Type or Print) Frances E. Carey				Ma	arch 14, 1	1972	-1.	5-30 M.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD  FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET			4. USUAL RESIDENCE (Where deceosed lived. If institution: residence before odmission) A. STATE B. COUNTY					
HOSPITAL OR	ADDRESS OR LOCA	(NOITA		C. CITY OR TOWN Baltimore		D. INSID	IDE CITY LIMITS?  YES A NO NO	
90 The Wesley Home, Inc.			E. STREET AND NUMBER					
	2211 West Roge	ers Ave.		2211 W. Ro	gers Ave.			
5. SEX	6. RACE White	7- MARRIED WIDOWED	NEVER MARRIED DIVORCED	Aug. 21, 188	9. AGE (In )		If Under 1 Yr. Months Doys	If Under 24 Hrs. Hours Min.
	CUPATION (Give kind of work	_	<u>~</u>				12. CITIZEN O	F WHAT COUNTRY?
	of working life, even if retired)	A.L. TT.		Kansas			11 0	Α.
13. FATHER'S N	maker	At Ho	me	14. MOTHER'S MAIDEN	NAME		U. S	• A.
	am Sharples			Rebecca 1	enna			
(Yes, no or unknow	(If yes, give wor or dote	s of service)	16. SOCIAL SECURITY NO.	17. INFORMANT			ADDI	RESS
NO 118. // /			218 36 3438D	Records We	ssley Hor	ie 2		Rogers Ave
heart foilure, asthemic, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, giving rise to the obove cause (A) stoling the UNDERLYING CONDITION last.    Other significant conditions Contributing To The terminal To The Death But not related to the terminal To The Death But not related to the terminal Disease or condition given in Part 1 (A).								
DISEASE OR CONDITION GIVEN IN PART I (A).  199. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED				20A. AUTOPSY? (Yes	OF NO. 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?			SIDERED 1?
OR CONTRI	ENT WAS UNDERLYING DEBUTING CAUSE OF	21 B. home	PLACE OF INJURY (e.g., i e, form, foctory, street, o	n or about 21 C. WHERE Diffice bldg., INJURY OCCU	ID (If I	n Boltimore	City, give exoct	t location)
21D. TIME OF INJURY (APPROX.)	(Month) (Doy) (Yeorl		e At Not Whit		INJURY OCCU	??	2	
	y that (1) (this hospital				19 7.8 to	14	March	1972,
that (I) (w	() last saw the decease	ed alive an	9 March	19.22 a	nd that in (my)	(out) apin	ian death acc	urred an the date
	nd fram the causes sto							
23A. 5IGNA		1	(a. c) (a. d) (a. d) (b. f) (	Tow the body offer de	•		23 B. DATE SIGN	NED
John M Barnah DEGREE Phys. Director Phys. 17 Mar 72								
23 C. PHYSIC NAME	AM'S (Type)	/		23D. ADDRESS				
	John W. Barr				lvedere A	ve.		
24A. BURIAL CI	Specifyl 248. DATE	24C. NA	ME of CEMETERY of CR	EMATORY 2	D. LOCATION	(City	y, town, or coun	ntyl (Stotel
Burial	Burial March 17 1972 Parkwood Cemetery Parkville Balti. Md.							
2SA. DATE REC	D BY HEALTH DEPT.	258. NAME O			Gran Home			DDRESS
MAR 201	772 32.05	Ta Ben M	2000	2/1/32	le C	דנטע	rarra U	u.
VS 150-REV. 1/1	/68			1				

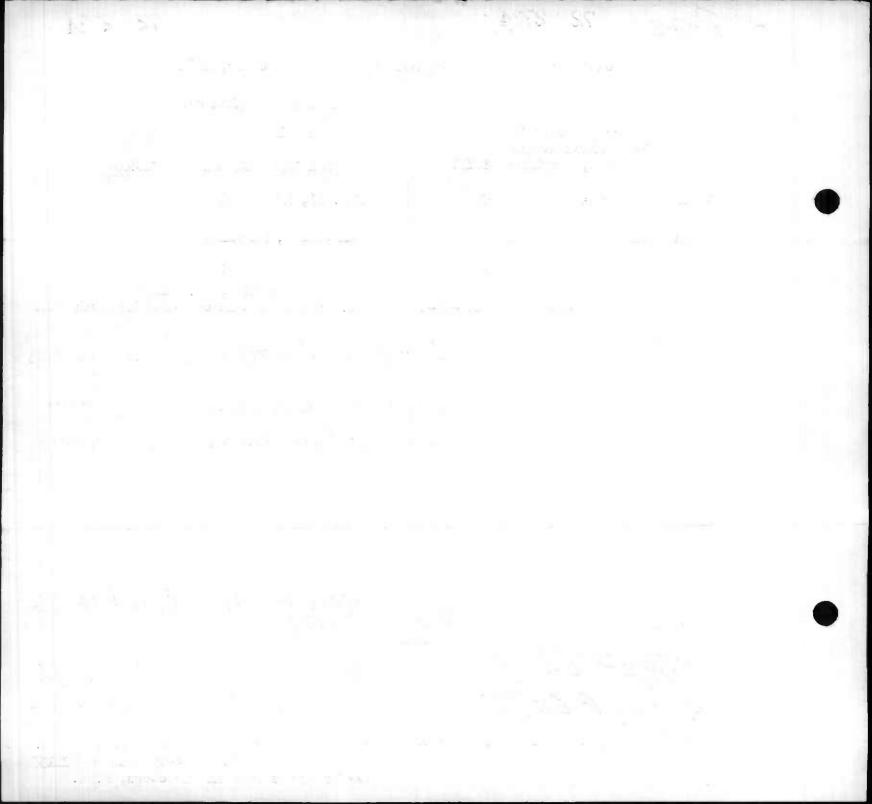
According to N.H. Adm. Wasin 1966

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	1		BALTIMORE CITY	HEALTH DEPARTMENT		70 000		
111	SIKIH NO.	72 02733	CERTIFICA	TE OF DEATH	REG. NO	72 02733		
	Type or Print FASE	D LAV	RENCE	2 DATE AND	HOUR OF DEATH	9:50Pm		
	3. PLACE IN BALTIMORE, M		OUNCED DEAD	4. USUAL RESIDENCE (Where	deceased lived, If in	stitution: residence before admission]		
	FULL NAME OF (IF NO HOSPITAL OR ADDR	LL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET STITUTION GIVE STREET STITUTION			MD. ANNE ARUNDE C. CITY ORTOWN D. INSIDE CITY LIMITS?			
₩	2	ca41 110	5 -01	HANOVER YES NO []				
		ERAL 110		E. STREET AND NUMBER BOY 78 - A	DORSE			
	M 6. RACE	WIDOWE		2/5/04	oet birthdoy)	Months Doys Hours Min,		
	OA, USUAL OCCUPATION (Gillone during most of working life, o		OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign	in country!	12 CITIZEN OF WHAT COUNTRY?		
	Ret. Cantella N.F.			MD.		0.5		
	3. FATHER'S NAME			14 MOTHER'S MAIDEN NAM	NE 31			
	Frederich Ico	W2 02 0		Ellieles				
	5. Was Deceased Ever in U. Yes, no or unknown) (If yes, giv	S. Armed Forces?	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS		
	No.	- Wal of Bolls of Bollson	212-07-7723	Mrs. Regina (.	Thompson	Same		
H	16./ 7 /	1	CAUSE OF DEAT		7	APPROXIMATE INTERVAL		
	DISEASE OR COM	DITION DIRECTLY		0 00	00	BETWEEN ONSET AND DEATH		
		TO DEATH	(A) IMMEDIATE CAU		) shop	8		
	(This does not mean the heart failure, asthenia, e	itc. It means the diseas	DUE TO, OR AS	A CONSEQUENCE OF:				
	injury or complication w		Q.	0		00		
		NT CAUSES	(5) DUE TO, OR AS	aconsequence of	heer w	UUX		
		to the above cause (A) stating the						
	UNDERLYING CONDITI	ON lest.	(c)					
	7							
	OTHER SIGNIFICANT CON TO THE DEATH BUT NOT DISEASE OR CONDITION	RELATED TO THE TERMINA	L					
		N 198 CONDITION FO	R WHICH OPERATION	20A-AUTOPSYZ (Yes or No)	20B, IF YES, WERE	FINDINGS CONSIDERED		
	ZIA. ACCIDENT WAS U	WAS PERPORMED		NO.	IN CERTIFYING CAL	USES OF DEATH?		
	OR CONTRIBUTING CA	NDERLYING AUSE OF Comined	TR PLACE OF INJURY (e.g., i ome, form, factory, street, of te.)	n of about 21C, WHERE DID lice bldg, INJURY OCCUR?	(II In Boltimore	e City, give exoct location)		
	21D. TIME (Month)	(Day) (Year) (Hour 2	IE INJURY OCCURRED	21F. HOW DID INJU	JRY OCCUR?			
	(APPROX.)		While At   Not While Work   At Work	• 🗆				
	22. I certify that (I) (t	3 - 18 1922						
22. I certify that (I) (this hospital) attended the deceased from 3 - ) & 19 22 ta 3 - ) that (I) (we) lost saw the deceased alive on 3 - ) & 19 22 and that in(my) (our) opinion death of								
	<del></del> -	and hour and from the causes stated above. (1) (We) (did) (did not) view the body ofter death.						
	23A. SIGNATURE	0 0-				238, DATE SIGNED		
	Done Du	1) Drus	20 M. Darry Phy	nding Med.	Stoff D	3-18-72		
	23C.PHYSICIAN'S		DEGREE	23D. ADDRESS				
	NAME (Type)							
	24A. BURIAL CREMATION,	24B. DATE 24C.	NAME OF CEMETERY OF CR	MATORY 24D. LC	CATION (C)	ty, town, or county) (State)		
	Burial (Specify)	3-22-72	-d-n H:11 C-1	20	1-1- 101			
	25A. DATE REC'D BY HEALT		edar MULL emt.	25C. FUNERAL DIRECTOR	120.16.	ADDRESS		
	MAR ON 1079	BREE COL	ALS: (1	0 2 7 7 2 7 0	nal House 12	0 & Fort 1/2 21220		
	VS 150-REV. 1/1/68		7	THE THEOLOGICAL THEORY	11013 1110 13	<u> </u>		



1	-5/2 12 02/04		HEALTH DEPARTMENT REG. NO.	72 02734			
	TH NO.	RIFICA	IE OF DEATH /				
(Ty		Reinhard	t March 16, 1972				
3.	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DE	EAD	4. USUAL RESIDENCE (Where deceased lived, If in:	stitution: residence before admission)			
FU	LL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVEN ADDRESS OR LOCATION)	VE STREET	Maryland Baltimore	2300			
IN	Edgewood Nursing Home		C.CITY OR TOWN Pikesville	DE CITY LIMITS?			
<	70 6000 Bellona Avenue		E. STREET AND NUMBER	YES NO			
_	Baltimore, Maryland 21212		7101 Plymouth Road	21208			
5. 5	WAKKIED NEVER	THE PARTY IN	DATE OF BIRTH 9. AGE (In years	Months Days Hours Min.			
10Å	. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS	OR INDUSTRY I	Feb. 13, 1887 85	12. CITIZEN OF WHAT COUNTRY?			
don	e during most of working life, even if refired) Housewife		Baltimore, Maryland	The state of the s			
13.	FATHER'S NAME	1	4. MOTHER'S MAIDEN NAME				
	Louis Wode		Rose ?				
15. (Ye:	Was Deceased Ever in U. S. Armed Forces? s.no or unknown) (If yes, give wor or dotes of service) SECU	RITY NO.	,	21208 ADDRESS			
		117 NO. 03-2684	Mrs. Genevieve Branick 71	LOL Plymouth Road			
	DISEASE OR CONDITION DIRECTLY	JSE OF DEATH	1. 1/1 / 2.9	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH			
	LEADING TO DEATH	IMMEDIATE CAUS	VIAL MASCULAR DIS	the YEARS			
	heart failure, asthenia, etc. It means the disease,	DUE TO, OR AS A	CONSEQUENCE OF:				
	injury or complication which caused death.)  ANTECEDENT CAUSES	Car In	al Bother of and	elegal.			
	DISEASES OR CONDITIONS, if any, giving (B).	DUE TO, OR AS A	CONSEQUENCE OF:	gas			
	rise to the above cause (A) stating the UNDERLYING CONDITION tast.	General	al anteriorelisoris consequence of:	yers.			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL							
<	DISEASE OR CONDITION GIVEN IN PART 1 (A).  19A-DATE OF OPERATION 19B. CONDITION FOR WHICH OP WAS PERFORMED	ERATION	20A-AUTOPSY? (Yes or No) 20B. IF YES, WERE F	INDINGS CONSIDERED			
R				SES OF DEATH?			
	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF home, form, for DEATH (notify medical examiner) 21B. PLACE OF home, form, for etc.)	INJURY (e.g., in clory, street, offic	or about 21C. WHERE DID (If in Baltimare in bidg., INJURY OCCUR?	City, give exoct location)			
	21 D. TIME (Month) (Doy) (Year) (Hour 21E INJURY O	CCURRED	21F. HOW DID INJURY OCCUR?				
W	OF INJURY (APPROX.) While At Work	Not While At Work					
	22 1 constitution (1) (abite borniant) generaled the description of the first transfer o						
	that \$6 (we) last saw the deceased alive an						
and hour and from the causes stated above. (V) (We) (did) (did not) view the bady after death.							
	Chilling & alugga	Attend	ling Med. Stoff	238, DATE SIGNED 1641			
	23C.PHYSICIAN'S NAMESTYPEI	OEGREE Phys.	D. ADDRESS	3/10/11/2			
	ANTHONY F CHROZZE	1 5	5217 YORK Kd BAIT	0 Md 21212			
24A		METERY of CREM		, town, or county) (State)			
0.5		Hill Cem					
25A	MAR 20 1972	ARC TO		ty Road Doress 21133			
VS	150-REV. 1/1/68		Lering Byers Funeral Dire	COURS, F. A.			



1.1	72 02735 CERTIFICA	12, DATE AND HOUR OF DEATH	2 02735
	STRONG, LAWRENCE	03/16/72	9:05P. M
	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	A. USUAL RESIDENCE (Where deceased lived, if institution, STATE B. COUNTY  MARYLAND	ution; residence before admission)
HO	OSMITAL OR STREET ADDRESS OR LOCATION)  (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	C. CITY OR JOWN	CITY LIMITS?
	33 JOHNS HOPKINS HOSPITAL 601 N. BROADWAY	E. STREET AND NUMBER 336 S. DALLAS COURT	
	MALE NEGRO WIDOWED DIVORCED	10/03/14   lost birthday) 57   M	I Under 1 Yi. II Under 24 Hrs. Nonths Days Hours Min.
don	LUSUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY during most of working lile, even if refired)  Laborer  Contractor	South Carolina	U S A
13.	FATHER'S NAME STRONG, PERRY	14. MOTHER'S MAIDEN NAME LIES, PEGGY	
15, (Ye:	Was Deceased Ever in U. S. Armed Forces? s,no or unknown! Ill yes, give war or dates of service! SECURITY NO. 215 09 5067	Mr Daniel Strong, 23	3,1 ADDRESS rth AV
	ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, giving rise in the obove cause (A) stating the UNDERLYING CONDITION last.  (B)  DUE TO, OR AS	Coronary artery Diseases Consequence OF:	10 tyears
ATI	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	Pulmonary. TISC Procumonics GP Pleading [20A AUTOPSTY (Yes or No)] 10B, IF YES, WERE FIND	in Months in Mon
2	19A-DATE OF OPERATION 19B CONDITION FOR WHICH OPERATION WAS PERFORMED	20A AUTOPSTY (Yes or No.) TOB. IF YES, WERE FINE IN CERTIFYING CAUSE	S OF DEATH?
CAL	21A. ACCIDENT WAS UNDERLYING   21B. PLACE OF INJURY (e.g., ir home, form, foctory, street, oll plant (notify medical examiner)	or obout 21C. WHERE DID (If In Boltimore Cifice bldg., INJURY OCCUR?	ily, give exact location)
MEDI	21D.TIME (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURRED OF INJURY (APPROX.) While At Not While At Work At Work	21F. HOW DID INJURY OCCUR?	
	22. I certify that (1)(this hospital) attended the deceased from that (1) (we) lost saw the deceased olive an War (1)	March 4, 1972 to Mar 2, 19 7 2 and that In (my) (aur) opinion	ch 16, 1972
	ond hour and fram the causes stated abave. (1) (We) (drd) (did not) vi	lew the bady after death.	
	Thomas M. Hadous M.D. DEGREE Phys	Med. Stoff	3/16/72
	THOMAS H. HODOUS, M. D.	JOHNS HOPKINS HOSPITAL	
	REMOVAL (Specify)  3/23/72  MT. Auburn CE	metry Baltimore,	
25A	IR 9 0 1972 Black E. Laber M.D.	Adolphus Halstead 1206	W north Ave



the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

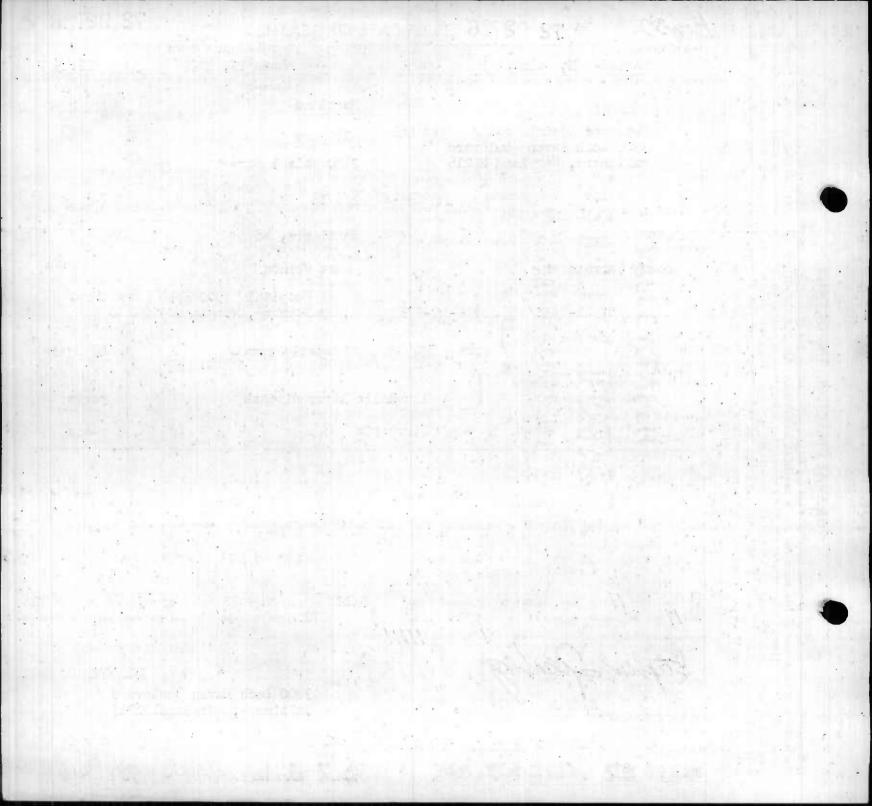
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	-	-			

20

VS 150-REV. 1/1/6B

REG. NO	7:	2 0:	2736
			700

(Typ	AME OF DEC							D HOUR OF DEATH		11-
			SER, Wilb				March	15, 1972		12:45 P
			IN HOSPITAL OF			A. STATE		e deceased lived, if in TY	nstitution: reside	5 5 3
HO	LL NAME OF	ADDRES	S OR LOCATION	)	JTION, GIVE STREET		OR TOWN	D. INS	IDE CITY LIMIT	5?
)	3	3900 Loc	ch Raven	Boule			i more		YES 🕎	NO 🗌
		Baltimon	re, Maryl	and 2	21218	212		treet - 2/	1230	
	Male	6. RACE White	e wit	OWED		1/6	/18	ost birthdoy)	Months Do	ys Hours Min.
		working life, eve		KIND OF	BUSINESS OR INDUSTRY	III. BIRTH	PLACE (State or foreig	gn country)	12. CITIZEN	OF WHAT COUN
	Painte					Bal	timore, Md		USA	
13. F	Thoma	ме as Hartl	hauser			LAVR	HER'S MAIDEN NAM A Ha Vernon	AE		
Yes			Armed Forces? wor or dates of		1 6. SOCIAL SECURITY NO.	17. INFOR	VA Hospita	1 3900 Loc	h Raven	Blvd
	Yes 18. 5 7	1 6/25/1 / , O I	11-8/12/1	5	705-12-5292 CAUSE OF DEAT	Н	Baltimore	, Maryland	A	PPROXIMATE INTERVA
	DISEA	SE OR COND	DITION DIRECTL O DEATH	LY	(A) IMMEDIATE CAL	JSE I	Hepatic com	ia.		48 hours
14	heart failure,	osthenio, etc	mode of dying the coursed death	diseose,	DUE TO, OR A5		UENCE OF:			
	injuly of con	inplication with	cii codada acon							
		ANTE CEDEN	T CAUSES		Alcoho	lic li	iver diseas	le.		vears
		ANTECEDENT			(B) Alcoho	lic li	iver diseas	e		years
	DISEASES (	OR CONDITI	ONS, if ony, ouse (A) stoti	giving	(B) Alco <b>h</b> o (B) DUE TO, OR AS (C) Cirrho	A CONSE	QUENCE OF:	e		years years
	DISEASES (ise to like	OR CONDITION OF CO	ONS, if ony, ouse (A) stoti. N lost.  ITHONS CONTRIBE ELATED TO THE TER	giving ng the	(c)	A CONSEC	QUENCE OF:			
RTIFIC	DISEASES (rise to 1h UN DERLYIN) OTHER SIGNII TO THE DEADISEASE OR CO	OR CONDITION  B Obove composition  FICANT CONDITION  TH BUT NOT RECONDITION GIT  F OPERATION	ONS, if ony, ouse (A) stoti N lost.  ITIONS CONTRIBE LATED TO THE TERVEN IN PART 1 (A 198. CONDITIO WAS PERFORM	giving ng the BUTING RMINAL (1). IN FOR V	(c)	A CONSEC	QUENCE OF:  AUTOPSY? (Yes or No.)	208, IF YES, WERE IN CERTIFYING CA	USES OF DEA	years  ONSIDERED
CERTIFIC	DISEASES (rise to Ih UN DERLYIN) OTHER SIGNII TO THE DEAD DISEASE OR CO. 19A. DATE OF CONTRIBUTE OR CONTRIBUTE OR CONTRIBUTE OR CONTRIBUTE OF	OR CONDITION OF CO	ONS, if ony, ouse (A) stoli N lost.  ITIONS CONTRIBELATED TO THE TEF VEN IN PART 1 (A) 198. CONDITION WAS PERFORM  DERLYING 1	giving ng the BUTING RMINAL ().	Cirrho (c)which operation  PLACE OF INJURY (e.g., ie, form, foctory, street, o	A CONSEC	QUENCE OF:  AUTOPSY? (Yes or No.)  Yes  21 C. WHERE DID	208, IF YES, WERE IN CERTIFYING CA	FINDINGS CO. USES OF DEA	years  ONSIDERED
DICAL CERTIFIC	DISEASES (rise to Ih UN DERLYIN) OTHER SIGNII TO THE DEAD DISEASE OR CO. 19A. DATE OF CONTRIBUTE OR CONTRIBUTE OR CONTRIBUTE OR CONTRIBUTE OF	OR CONDITION  TO OBOUT TO OBOTTO  THE BUT NOT RECONDITION GIVE TO OPERATION  TO WAS UNDUTING CAU  TO MEDICAL C	ONS, if ony, ouse (A) stoli N lost.  ITIONS CONTRIBELATED TO THE TEF VEN IN PART 1 (A) 198. CONDITION WAS PERFORM  DERLYING 1	giving mg the BUTING RMINAL N. POR VIED	Cirrho (c)	20A. A	QUENCE OF:  AUTOPSY? (Yes or No.)  Yes  21 C. WHERE DID	20B. IF YES, WERE IN CERTIFYING CA	USES OF DEA	years  ONSIDERED
MEDICAL CERTIFIC	DISEASES (rise to Ih UN DERLYIN) OTHER SIGNII TO THE DEAD DISEASE OR CONTRIBUTED OR CONTRIBUTED OR INJURY (APPROX.)  21 D. TIME OF INJURY (APPROX.)	OR CONDITION  BY CONDITION  FICANT CONDITION  FICANT CONDITION GIVE  FOPERATION  NT WAS UND  UTING CAU  medicol exorm  (Month) (Do  that (V) (thi	ONS, if ony, ouse (A) stoti N lost.  ITIONS CONTRIBELATED TO THE TEP VEN IN PART 1   (A) 198. CONDITIO WAS PERFORM  DERLYING   Ost of the control of the con	giving the BUTING RMINAL N. N FOR VEED 21B. hometc.J. Whitwork was a second of the control of th	Cirrho (c)	20A. A	QUENCE OF:  AUTOPSY? (Yes or No.)  Yes 21c. where did injury occur?	208. IF YES, WERE IN CERTIFYING CA (If in Boltimo	re City, give ex	years  ONSIDERED  ATH?  xoct locotion)
MEDICAL CERTIFIC	DISEASES (rise to Ih UN DERLYIN)  OTHER SIGNII TO THE DEAD DISEASE OR CONTRIBUTED TO THE DEATH (notify LAPPROX.)  21 D. TIME OF INJURY (APPROX.)	OR CONDITION  OR CONDITION  OR CONDITION  FICANT CONDITION  TH BUT NOT RECONDITION GIT  FOPERATION  NT WAS UND  UTING CAU  medical exam  (Month) (December 1)  That (Month) (This is a with the condition of the c	ONS, if ony, ouse (A) stati N lost.  ITIONS CONTRIBE LATED TO THE TEP VEN IN PART 1 (A) 19B. CONDITO WAS PERFORM  DERLYING OF nined ov) (Year) (Ho s haspital) attended the deceased alient of the control of the deceased alient of the deceased alient of the control of the deceased alient of the deceased alient of the control of the deceased alient of the decease of the decea	giving ng the  BUTING RMINAL  IN FOR V  ED  218, hom etc., Whi Wor  ended the live an	VHICH OPERATION  PLACE OF INJURY (e.g., ie, form, foctory, street, of the late	20A. A 20A. A 20A. A 3/11	QUENCE OF:  AUTOPSY? (Yes or No.) Yes 21c. where did INJURY occur?  21f. How did INJU	208. IF YES, WERE IN CERTIFYING CA	re City, give ex	years  ONSIDERED  ATH?  xoct locotion)
MEDICAL CERTIFIC	DISEASES (rise to Ih UN DERLYIN) OTHER SIGNII TO THE DEAD DISEASE OR CONTRIBUTED OR CONTRIBUTED OF INJURY (APPROX.)  22. I certify that II (we) and hour an	PR CONDITION  BY CONDITION  FICANT CONDITION  FICANT CONDITION GIVE  FOREATION  NT WAS UND  UTING CAU  Medicol exon  (Month) (Di  that (Month) (Mo	ONS, if ony, ouse (A) stati N lost.  ITIONS CONTRIBE LATED TO THE TEP VEN IN PART 1 (A) 19B. CONDITO WAS PERFORM  DERLYING OF nined ov) (Year) (Ho s haspital) attended the deceased alient of the control of the deceased alient of the deceased alient of the control of the deceased alient of the deceased alient of the control of the deceased alient of the decease of the decea	giving ng the  BUTING RMINAL  IN FOR V  ED  218, hom etc., Whi Wor  ended the live an	Cirrho (c)	20A. A 20A. A 20A. A 3/11	QUENCE OF:  AUTOPSY? (Yes or No.) Yes 21c. where did INJURY occur?  21f. How did INJU	208. IF YES, WERE IN CERTIFYING CA (If in Boltimo	re City, give ex	years  ONSIDERED ATH?  xoct locotion)
MEDICAL CERTIFIC	DISEASES (rise to Ih UN DERLYIN)  OTHER SIGNII TO THE DEADISEASE OF CONTRIBUTION (APPROX.)  21A. ACCIDE OF CONTRIBUTION (APPROX.)  22. I certify that My (we) and hour and approximate of the contribution (approximate of the contribu	FICANT CONDITION  OF THE CONDITION  THAT WAS UND  OF THAT WAS UND	ONS, if ony, ouse (A) stati N lost.  ITIONS CONTRIBE LATED TO THE TEP VEN IN PART 1 (A) 19B. CONDITO WAS PERFORM  DERLYING OF nined ov) (Year) (Ho s haspital) attended the deceased alient of the control of the deceased alient of the deceased alient of the control of the deceased alient of the deceased alient of the control of the deceased alient of the decease of the decea	giving ng the  BUTING RMINAL  IN FOR V  ED  218, hom etc., Whi Wor  ended the live an	DUE 10, OR AS  Cirrho (c)	20A. A in or obout ffice bldg.,  219 view the bending	QUENCE OF:  AUTOPSY? (Yes or No.)  Yes 21 C. WHERE DID INJURY OCCUR?  21 F. HOW DID INJURY  1 72 and the	208. IF YES, WERE IN CERTIFYING CA (If in Boltimo	re City, give ex	years  ONSIDERED ATH?  29 27 accurred on the
MEDICAL CERTIFIC	DISEASES (rise to Ih UN DERLYIN) OTHER SIGNII TO THE DEAD DISEASE OR CONTRIBUTED OR CONTRIBUTED OF INJURY (APPROX.)  22. I certify that II (we) and hour an	OR CONDITION  OR CONDITION  OR CONDITION  FICANT CONDITION  OR CONDITION  FICANT CONDITION  OR CONDI	ONS, if ony, ouse (A) stoti N lost.  ITIONS CONTRIBE LATED TO THE TEP VEN IN PART 1 (A) 198. CONDITION WAS PERFORM  DERLYING OF niner)  oy) (Year) (Ho ouses stoted a	giving ng the BUTING RMINAL (). N FOR VIED 218, homeles, Whit Word and the live an	DUE 10, OR AS  Cirrho  (c)	20A. A in or obout ffice bldg.,  219 view the bending	QUENCE OF:  AUTOPSY? (Yes or No.) Yes 21C. WHERE DID INJURY OCCUR?  21F. HOW DID INJU  72 and the bady after deoth.  Med. Director	208. IF YES, WERE IN CERTIFYING CA  (If in Boltimo  JRY OCCUR?  9 72 to 3/1  at in (hy/) (our) api  Shoff X	inion death of 3/17/	years  ONSIDERED  ATH?  xoct locotion)  19 73  accoursed on the
MEDICAL CERTIFIC	DISEASES (rise to Ih UN DERLYIN)  OTHER SIGNII TO THE DEADISEASE OF CONTRIBUTION (APPROX.)  21A. ACCIDE OF CONTRIBUTION (APPROX.)  22. I certify that My (we) and hour and approximate of the contribution (approximate of the contribu	OR CONDITION  I OF CONDITION  FICANT CONDITION  FICANT CONDITION  FICANT CONDITION  FOR CONDITION  FOR CONDITION  II  FICANT CONDITION  FOR CONDITION  FOR CONDITION  II  FOR CONDITION	ONS, if ony, ouse (A) stoti N lost.  ITIONS CONTRIBELATED TO THE TEPYEN IN PART 1 (A) 198. CONDITIO WAS PERFORM  DERLYING ON (Ho) (Year) (Ho) s haspital) attee deceased alia ouses stoted a	giving mg the BUTING RMINAL ().  N FOR VEED  21B. white word with the condition of the cond	DUE 10, OR AS  Cirrho (c)	20A. A in or obout ffice bidg.,  219 view the bending	QUENCE OF:  AUTOPSY? (Yes or No.) Yes 21C. WHERE DID INJURY OCCUR?  21F. HOW DID INJU  72 and the bady after deoth.  Med. Director	20B. IF YES, WERE IN CERTIFYING CA  (If in Boltimo  URY OCCUR?  9 72 to 3/1  at in (m/y) (our) api	inion death of 3/17/	years  ONSIDERED ATH?  xoct locotion)  197; accoursed on the

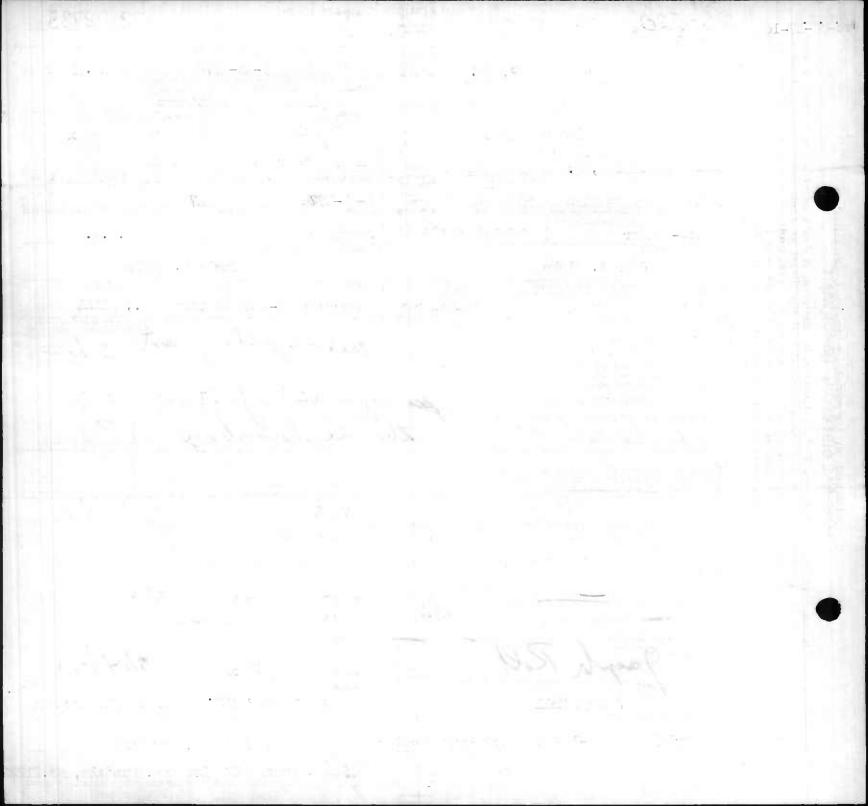


This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death). Such written approval must be obtained before the remains are embalmed or final disposition is made. FUNERAL DIRECTOR: IMPORTANT

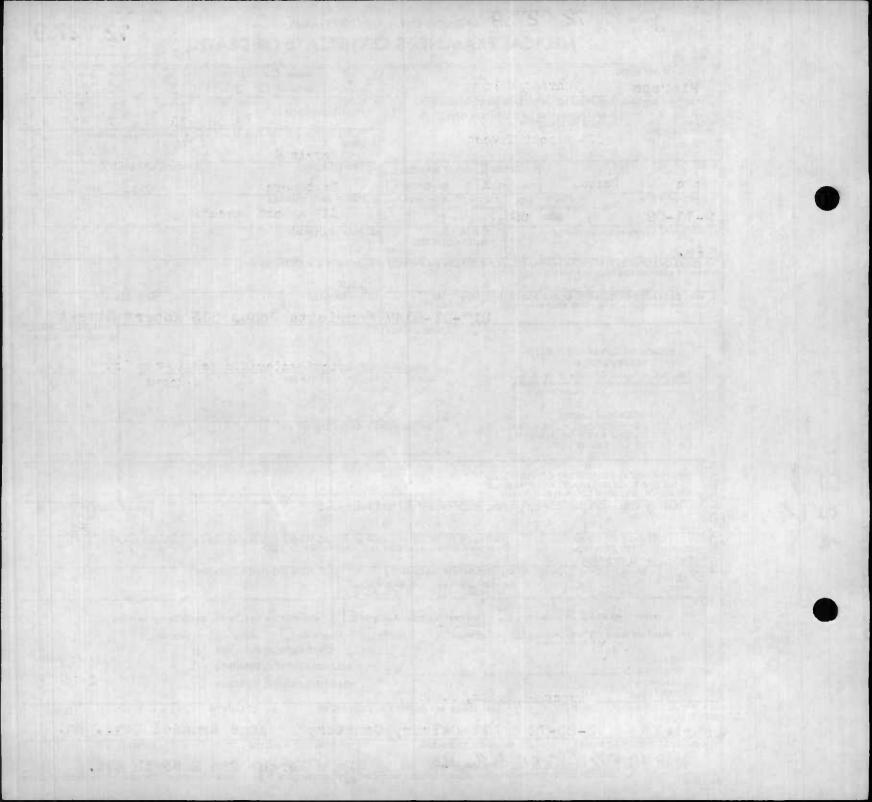
	Y HEALTH DEPARTMENT
72 02737 CERTIFICA	ATE OF DEATH REG. NO. 72 02737
1. NAME OF DECEASED	2. DATE AND HOUR OF DEATH
(Type or Print) WALTER JOSEPH RUNGE	03/17/72   11:07p, M.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE B. COUNTY
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION) INSTITUTION	C. CITY OR TOWN D. INSIDE CITY LIMITS?
JOHNS HOPKINS HOSPITAL	BALTIMORE YES X NO
601 N. BROADWAY	229 N. DUNCAN STREET
5. SEX 6. RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Hrs.
MALE WHITE WIDOWED DIVORCED	02/28/99 lost birthdoyl 73 Months Doys Hours Min.
10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY done during most of working life, even if retired)	11. SIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY?
Chauffeur Lucry Service	Maryland USA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
ANTON RUNGE	JOSEPHINE ZOUBEK
15. Was Deceased Ever in U. S. Armed Forces? (If yes, no or unknown) (If yes, give wor ar doles of service)  212 12 9969	Marie J. RUNGE 229 N. DUNCAN St.
18. CAUSE OF DEAT	
DISEASE OR CONDITION DIRECTLY	BETWEEN ONSET AND DEATH
LEADING TO DEATH	USE Candiprespiratory collapse A CONSEQUENCE OF:
(This does not mean the mode of dying, e.g., heart foilure, asthenia, etc. It means the disease, injury or camplication which caused death.)	A CONSEQUENCE OF:
	Shock
DISEASES OR CONDITIONS, if any, giving  (B) WORK	Ocenic Shock  Reconsequence of:
nse to the above cause (A) stating the UNDERLYING CONDITION last. (C) SLOST	S, COPD, CVA
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL OLD TO STREET OF THE TERMINAL OLD TO STREET OLD TO STREET OF THE TERMINAL OLD TO STREET OF THE TERMINAL OLD TO STREET OLD TO STRE	Monculosis
198. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g.,	in or obout 21 C. WHERE DID HE in Baltimare City, also exact location
DEATH (notify medical examiner)	
OF INJURY  (APPROX.)  ODING  (Month) (Doy) (Yeol) (Hour) 21E INJURY OCCURRED  While At Not Whi	21F. HOW DID INJURY OCCUR?
Work At Work	□ 17
22. I certify that (1) (this hospital) attended the deceased framthat (1) (we) last saw the deceased alive an	
and have and fram the causes stated above (1) (We) (did) (did nat)	
23A. SIGNATURE	ending Med. Stoff Phys. 3/18/72
23C. PHYSICIAN'S	23D. ADDRESS
NAME (Type)	Johns Hooking Hospital
24A. BURAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CR	EMATORY 24D. LOCATION (City, town, or county) (Stotel
BURIA 3-21-72 Holy Rede	emen andy Baltimore, Mengland
MAR 20 1972 (Aller & Record by Health Oppt. 258, NAME OF REGISTRAR	Palip & Vach 1211 Chesto Ave

2128 72 Man 27 72 Man 217 72 72 0 Man 27 72

NAME OF DECEASED  PRACE IN BALTIMORE, MARTAND, WHERE PROBLEMED DEAD  ULL NAME OF ADDRESS OL LOCATION  Baltimore MATTAND, WHERE PROBLEMED  ULL NAME OF ADDRESS OL LOCATION  Baltimore MATTAND, WHERE PROBLEMED  Baltimore MATTAND  Baltimore MATTAND  Baltimore Gity Hospitals  ASMAL OF ADDRESS OL LOCATION  ADDRESS OL LOCATION  TO BE MATTAND  ADDRESS OL LOCATION  TO BE MATTAND  ADDRESS OL LOCATION  ADDRESS OL LOCATION  AND A BINKO  AND A BINKO  TO BE BALTIMORE MATTAND  ADDRESS OL LOCATION  AND A BINKO  TO BE MATTAND  ADDRESS OL LOCATION  AND A BINKO  AND A BINKO  TO BE MATTAND  ADDRESS OL LOCATION	2 = 2 >	BALTIMORE CITY	HEALTH DEPARTMENT	,	190 00m08
The Print John Binks In.  PRACE IN BALTIMORE, MARILAND, WHERE FRONGOUNCED DEAD  ULL MANLE OF GROUT IN BOSTAL OR INSTITUTION, QUE STREET  ASTART & COUNTY deceased five the Intrinsicion relations before colonias  ASTART & COUNTY deceased five the Intrinsicion relations before colonias  ASTART & COUNTY deceased five the Intrinsicion relations before colonias  ASTART & COUNTY deceased five the Intrinsicion relations before colonias  ASTART & COUNTY deceased five the Intrinsicion relations before colonias  Maryland Baltimore  CHYORTOWN D. INSBECTIVUMIST  DUNDALL ESTREET AND NUMBER  CHYORTOWN D. INSBECTIVUMIST  DUNDALL RESIDENCE TOWN D. INSBECTIVUMIST  LEADING TO BEAST OR COUNTY DECINITY D. INSPECTIVUMIST  ASTART AND NUMBER  CHYORTOWN D. INSBECTIVUMIST  DUNDALL RESIDENCE TOWN D. INSBECTIVUMIST  TARTEGURARI RITURE  ASTART AND NUMBER  DUNDALL RESIDENCE TOWN D. INSBECTIVUMIST  DUNDALL RESIDENCE TOWN D. INSBECTIVUMIST  TARTEGURARI RITURE  ASTART AND NUMBER  DUNDALL RESIDENCE TOWN D. INSBECTIVUMIST  DUNDALL RESIDENCE TOWN D. INSBECTIVUMIST  TARTEGURARI RITURE  TOWN D. INSBECTIVUMIST  DUNDALL RESIDENCE TOWN D. INSBECTIVUMIST  DUNDAL RESIDENCE TOWN D. INSBECTIVUMIST  TARTEGURARI D. INSBECTIVUMIST  TARTEGURARI RITURE  TOWN D. INSBECTIVUMIST  DUNDALL RESIDENCE TOWN D. INSBECTIVUMIST  TARTEGURARI D. INSBECTIVUMIST  TOWN D. INS	BIRTH NO.	CERTIFICA			12 02/38
A STATE I SALTIMORE, MARIE FORDING DEAD  ULL NAME OF OF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET  ASTATE SALTIMORE, MARIE FORDING WHEE FROMONICO DEAD  ULL NAME OF OF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET  ASTATE SALTIMORE MARIE COLOR OF STREET  ASTATE SALTIMORE SALTIMORE SALTIMORE SALTIMORE STREET  ASTATE SALTIMORE SALTIMORE SALTIMORE SALTIMORE STREET AND NUMBER  ASTATE SALTIMORE SALT	1. NAME OF DECEASED (Type or Print)		2. DATE AND H	OUR OF DEATH	
USINAME OF ADDESS OR LOCATION.  Baltimore City Hospitals 4,940 Eastern Avenue  Baltimore Manyland  Saltimore  CITY OR TOWN  Baltimore  CITY OR TOWN  Baltimore  CITY OR TOWN  Baltimore  CITY OR TOWN  Baltimore  CITY OR TOWN  Dundalk  ESTREET AND NUMBER  1649 Manor Road  21222  1584					12.53 P
CGITY OR TOWN   D. INSUECT IN LIMITS?   No	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRO	NOUNCED DEAD	A. STATE B. COUNTY	ceased lived. II in	stitution residence before edmissio
Baltimore Gity Hospitals  # Out Bastern Avenue  Baltimore Md.  Bal	FULL NAME OF (IF NOT IN HOSPITAL OR INS ADDRESS OR LOCATION)	TITUTION, GIVE STREET			
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Baltimore Md.  2021.  1049 Marior Road  1			E. STREET AND NUMBER		
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MAILE CALLCASIAN WIDOWAD DIVORCED 6-23-1924 17  AUSUAL OCCUPATION (Sive Bid of working its, wwn at refered)  RAYMOND Metals  FATHER'S NAME  JOHN A. Binko  LYAND Deceased five in U. S. Amond Tricket?  EFATHER'S NAME  JOHN A. Binko  LYAND DECEASED AT CONDITION DIRECTLY  LEADING TO DEATH  CHARLES OR CONDITIONS, If any, giving rise to the chove cause (A) sating the UNDERLYING CONDITION (See Leading) fire to the chove cause (A) sating the UNDERLYING CONDITION (See Leading) fire to the chove cause (A) sating the UNDERLYING CONDITION (See Leading) fire to the chove cause (A) sating the UNDERLYING CONDITION (See Leading) fire to the chove cause (A) sating the UNDERLYING CONDITION (See Leading) fire to the chove cause (A) sating the UNDERLYING CONDITION (See Leading) fire to the chove cause (A) sating the UNDERLYING CONDITION (See Leading) fire to the chove cause (A) sating the UNDERLYING CONDITION (See Leading) fire to the chove cause (A) sating the UNDERLYING CONDITION (See Leading) fire to the chove cause (A) sating the UNDERLYING CONDITION (See Leading) fire to the chove cause (A) sating the UNDERLYING CONDITION (See Leading) fire to the chove cause (A) sating the UNDERLYING CONDITION (See Leading) fire to the chove cause (A) sating the UNDERLYING CONDITION (See Leading) fire to the chove cause (A) sating the UNDERLYING CONDITION (See Leading) fire to the chove cause (A) sating the UNDERLYING CONDITION (See Leading) fire to the chove cause (A) sating the UNDERLYING CONDITION (See Leading) fire (C) while the chove cause (A) sating the CENTRISON (See Leading) fire (C) while the condition (See Leading) fire (C) while the chove cause (A) sating the CENTRISON (See Leading) fire (C) while (C		D NEVER MARRIED	8. DATE OF BIRTH 9. A	GE (In years	II Under I Ye , II Under 24 H
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Spot-Welder Raymond Metals Maryland U.S.A.  Frather's NAME  John A. Binko  Wes Decessed Ever in U.S. Armed Forces and or unknown july us, give wor or dose of serviced sea, no or unknown july us, give wor or dose of serviced sea, no or unknown july us, give wor or dose of serviced Scillatin No.  217-14-2281 Records: BCH-4940 Eastern Ave., 21224  Tes WIII  DISEASE OR CONDITION DIRECTLY  LEADING TO DEATH  (This does not meen the mode of dring, and heart filling of the order of dring, and heart filling constitution).  ANTECEDENT CAUSES  DISEASES OR CONDITIONS If any, giving rise to the above cause (A) stating the UNDERLYING CONDITION lost.  DISEASE OR CONDITION S. If any, giving rise to the above cause (A) stating the UNDERLYING CONDITION for WAS TERROMAND  OTHER SIGNIFICANT CONDITION S. CONTRIBUTING TO THE DEATH BUT NOT REARD TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  DISEASE OR CONDITION GIVEN IN PART 1 (A).  SUBJECT OF OFFERATION IN S. CONTRIBUTING TO THE DEATH BUT NOT REARD TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  SUBJECT OF OFFERATION IN S. CONTRIBUTING TO THE DEATH BUT NOT REARD TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  SUBJECT OF OFFERATION IN PART 1 (A).  213A. ACCIDENT WAS UNDERLING TO THE TERMINAL DISEASE OR CONTRIBUTING TO THE DEATH BUT NOT READ TO THE TERMINAL DISEASE OR CONTRIBUTING TO THE DEATH BUT NOT READ TO THE TERMINAL DISEASE OR CONTRIBUTING TO THE DEATH BUT NOT READ TO THE TERMINAL DISEASE OR CONTRIBUTING TO THE DEATH BUT NOT READ TO THE TERMINAL DISEASE OR CONTRIBUTING TO THE DEATH BUT NOT READ TO THE TERMINAL DISEASE OR CONTRIBUTING TO THE DEATH BUT NOT READ TO THE TERMINAL DISEASE OR CONTRIBUTING TO THE DEATH BUT NOT READ TO THE DEATH B	Male Oadcastal				12. CITIZEN OF WHAT COUNT
TATHER'S NAME  John A. Binko  SWED Decessed Ever Is U. S. Armod Ferces? serviced sented by the control of the c	one during most of working life, even if refired)	ond Motela	36 3 3		
John A. Binko  We Decembed Ever In U. S. Armod Friend?  ADDRESS  WW II    CAUSE OF DEATH   CAUSE OF DEATH   CAUSE OF CONDITION DIRECTLY   LEADING TO DEATH   CHIEF CONDITIONS   CONTRIBUTION	abor worder	iona metals			U.S.A.
Sees Decessed Ever is U. S. Armed Forces?  SECURITY NO.  127-14-2261  Records:BCH-4940 Eastern Ave., 21224  Records:BCH-4940 Eastern Ave., 21244			14 MOTHER'S MAIDEN NAME		
THE WHIT   217-14-2281   Records; BCH-4940   Eastern Ave., 21224      CAUSE OF DEATH   DISEASE OR CONDITION DIRECTLY LEADING TO DEATH   This does not mean the mode of dying, e.g., heart failure, esthenic, etc. It means the disease, injury or complication which caused death.]    ANTECEDENT CAUSES OF CONDITIONS, if cany, giving itse to the above cause (A) stoling the UNDERLYING CONDITION SONTEIDITING TO THE REMINAL DISEASE OR CONDITIONS CONTRIBUTING TO THE REMINAL DISEASE OR CONDITION SCONTRIBUTING TO THE REMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).    ONLES SIGNIFICANT CONDITIONS CONTRIBUTING TO THE REMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).    ONLES SIGNIFICANT CONDITIONS CONTRIBUTING TO THE REMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).    ONLES SIGNIFICANT CONDITIONS CONTRIBUTING TO THE REMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).    ONLES SIGNIFICANT CONDITIONS CONTRIBUTING TO THE REMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).    ONLES SIGNIFICANT CONDITION GIVEN IN PART 1 (A).    ONLY	John A. Binko			Suale M.	Goffus
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DESEASE OR CONDITION GIVEN IN PART 1 (A).  19A. DATE OP OPERATION   19B. CONDITION FOR WHICH OPERATION   20A. AUTOPST? (Yes or No.)   20B. IF YES, WERE FINDINGS CONSIDERED   19A. ACCIDENT WAS UNDERLYING   21B. PLACE OF INJURY Ic.g., in or about 21C. WHERE DID   10F. CONDITION   10F. MILE   10F	DISEASES OR CONDITIONS, If any, givings to the above cause (A) stating the UNDERLYING CONDITION lost.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO THE TERMINATION TO THE TERMINATION.	(c) It	ACONSEQUENCE OF:	rhago	7.
21A. ACCIDENT WAS UNDERLYING   21B. PLACE OF INJURY Is.g., in or about 21C. WHERE DID OR CONTRIBUTION   CAUSE OF DEATH incitiv medical examined   21B. PLACE OF INJURY Is.g., in or about 21C. WHERE DID Not White of Injury occurs of the standard of the sta	✓ IDISEASE OR CONDITION GIVEN IN PART 1 (A).		120A. AUTOPSYL (Yes or No.) 20	OR IF YES WERE	FINDINGS CONSIDERED
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21D. TIME IMonth! IDoy) (Year) (How) 21E. INJURY OCCURED While At Work  22. I certify that (I) (this hospital) attended the deceased from 23. I certify that (I) (this hospital) attended the deceased from 24. SIGNAYUNE  23C. PHYSICIAN'S NAME (Type)  Attending  Atte	OR CONTRIBUTING CAUSE OF	21B. PLACE OF INJURY lo.g., home, form, factory, street, colors		(If In Boltimor	
22. I certify that (I) (first hospital) attended the deceased from 3/1972 to 1972 to 1	O 21D. TIME IMonth! (Day) (Year) (Houd	21& INJURY OCCURRED	21F. HOW DID INJURY	OCCUR	
22. I certify that (I) (this hospital) attended the deceased fram  197  that (I) (we) last saw the deceased alive on  234. SIGNAYURE  236. PHYSICIAM'S  NAME (Type)  Joseph Roll  246. BURIAL CREMATION, 1248. DATE  197  that (I) (this hospital) attended the deceased fram  197  and that In(my) the opinion death occurred on the death.  238. DATE SIGNED  239. ADDRESS  Baltimore, City Hospitals, 4940 Easter  44. BURIAL CREMATION, 1248. DATE  1240. LOCATION (City, town, or county) (State)	E OF INJURY	While At   Not Whi	le [7]		1
that (I) (we) last saw the deceased alive on			1/		3/14 77
and hour and from the causes stated above. (1) (No) (did) (did) view the body after death.  23A. SIGNATURE  23C. PHYSICIAAN'S NAME (Type)  Joseph Roll  DEGREE  Attending Med. Director Phys. 23D. ADDRESS  Baltimore City Hospitals, 4940 Easter  4A. BURIAL CREMATION, 124B. DATE 124C. NAME of CREMATORY 124D. LOCATION (Give, lower, or county) (State)		7/11/	196		7-19/2
23A. SIGNAYUNE  Attending Med. Stoff Director Phys. 23B. DATE SIGNED  23C. PHYSICIAN'S NAME (Type)  Joseph Roll  Attending Med. Stoff Director Phys. 23B. DATE SIGNED  23D. ADDRESS Baltimore City Hospitals, 4940 Easter  4A. BURIAL CREMATION, 124B. DATE 124C. NAME of CEMETERY of CREMATORY 124D. LOCATION (City, lower, of county) (Stoff)	that (1) (we) last saw the deceased alive o	n	1972 and that !	n (my) fort opi	nion death occurred on the d
23A. SIGNAYUNE  Attending Med. Stoff Director Phys. 23B. DATE SIGNED  23C. PHYSICIAN'S NAME (Type)  Joseph Roll  Attending Med. Stoff Director Phys. 23B. DATE SIGNED  23D. ADDRESS Baltimore City Hospitals, 4940 Easter  4A. BURIAL CREMATION, 124B. DATE 124C. NAME of CEMETERY of CREMATORY 124D. LOCATION (City, lower, of county) (Stoff)	and hour and from the causes stated above	(4) (4) (did) (4)	view the body after death.		
23C. PHYSICIAN'S NAME (Type)  Joseph Roll  DEGREE Phys. Director Phys. K  23D. ADDRESS Baltimore, City Hospitals, 4940 Easter Baltimore City Hospitals, 4940 Easter  4A. BURIAL CREMATION, 124B. DATE 124C. NAME of CEMETERY of CREMATORY 124D. LOCATION (City, lower, of county) (Stoth					238, DATE SIGNED
Joseph Roll  Josep	Joseph Cot	DL.	Inding Med. State		13/14/72
Joseph Roll  Baltimore City Hospitals, 4940 Easter  AA. BURIAL CREMATION, 124B. DATE 124C. NAME of CEMETERY of CREMATORY 124D. LOCATION (City, lown, of county) (Stote	23C.PHYSICIAM'S	DEGREE ""			17.7.
DECREE!  4A. BURIAL CREMATION, [24B. DATE   124C, NAME of CEMETERY of CREMATORY   124D, LOCATION (City, town, or county) (State	NAME (Type)			City Hoen	itals 1.910 Easter
40. BURIOR UNION (CITY, 10WIT, OF COUNTY) (310)					
REMOVAL (Specify)	REMOVAL (Specify)	HAME OF CEMETERY OF C	EMAIORI 24D. LOCA	TION (C	iry, lowin, or country) (State)
Burial 3-18-72 Oak Lawn Cemetery Baltimore, Maryland	Burial   3-18-72	Oak Lawn Cemete	ry Bal	ltimore. N	Maryland
20 1972 When E. Jan. M.D. 4 John J. Duda 7922 Wise Ave. Dundalk, Md.	120 19/2 Ville E. Verben A	i.D.	John J. Duda 79	922 Wise A	Ave. Dundalk, Md.



72 02739 BALTIMORE CITY HE		72 02739
MEDICAL EXAMINER'S	LERTIFICATE OF DEATH REG. NO	
I. NAME OF DECEASED (Type of Print) Pierson (Pearson) Wilson	2. DATE Known 🗀 Month Day OF Estimated 🗆 3 13	Yeor Hour 72 9:24 P. M.
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Manth Day	Year Hour
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	PRONOUNCED DEAD 3 13	72 9:24 P. M
528 Robert Street	5. USUAL RESIDENCE (Where deceased lived, If Institution: A. STATE B. COUNTY Maryland	residence befare admission)
6. SEX 7. RACE 8. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE CITY	LIMÍTS?
Male Negro WIDOWED DIVORCED  9. DATE OF BIRTH 10.AGE (In years   18 Under 1 Yr. 11 Under 24 Hrs.	Baltimore YES	□ NO □
9-11-02   last birthdoy) 69   Months, Doys   Haurs   Min.	528 Robert Street.	
11. BIRTHPLACE(State or fareign country)  12. CITIZEN OF WHAT COUNTRY?	13. FATHER'S NAME	
14A.USUAL OCCUPATION (Give kind al work 148. KIND OF BUSINESS OR INDUSTRY done during most of working life, even if retired)	15. MOTHER'S MAIDEN NAME	
	Ida	
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)  17. SOCIAL SECURITY NO.		ORESS
19. 4 7 4 . CAUSE OF DEAT	Henrietta Jones 533 Rober	Ct Street
DISEASE OR CONDITION DIRECTLY		SETWEEN ONSET AND DEATH
LEADING TO DEATH	AUSE Arteriosclerotic cardiovasc	ular
(This does not mean the made of dying, e.g., heart fallure, asthenia, etc. it means the disease, injury or complication which caused death.)	S A CONSEQUENCE OF: disease	******
injuly of complication which caused deom.)		
ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY GIVING  (B)  DUE TO, OR A	AS A CONSEQUENCE OF:	
LINDERLYING CONDITION LAST		
(c)		
O THER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).		
20A. DATE OF OPERATION 208. CONDITION FOR WHICH OPERATION WA	S PERFORMED	21. AUTOPSY? (Yes ar Na)
ZZZA. EXTERNAL CAUSE WAS 122B. PLACE OF INTURY (e.g., 1		No
UNDERLYING OR CONTRIB. hame, farm, factory, street, affice	in ar about 22C. WHERE DID (If in Baltimare City, give exact bldg., etc.) INJURY OCCUR?	lacation)
	22F. HOW DID INJURY OCCUR?	
23. m.[WORK AT WO	ORK	
I certify that I held on Inquiry Inspection X Aut	_	olnion
resulted from Natural pauses X Accident Suicide		
ACTUAL	ASSISTANT MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER	DATE SIGNED
SIGNATURE M.D.	ASSOCIATE MEDICAL EXAMINER  ASSOCIATE MEDICAL EXAMINER	3-14-72
NAME (Type) Werner U. Spitz, M.D.		
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY CREMOVAL (Specify)	or CREMATORY 24D. LOCATION (City, town, o	or county) (State)
Burial 3-20-72 Mt Calvary		
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR		PRESS
MAR 20 1972 Paset & Forber 12	Wm G March 928 E North	n Ave.
VS 151-REV. 1/1/68		



#### SPITZ DR BY NON-MED RELEASED

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VS 150-REV. 1/1/68

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death

BALTIMORE CITY HEALTH DEPARTMENT REG. NO. 72 12740 CERTIFICATE OF DEATH 2. DATE AND HOUR OF DEATH I. NAME OF DECEASED THOMPSON 3/14/72 1:40 a.M. PASCHALL, Foster USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD B. COUNTY Marvland FULL NAME OF IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION C. CITY OR TOWN D. INSIDE CITY LIMITS? INSTITUTION YES TE NO Baltimore F STREET AND NUMBER The Johns Hopkins Hospital 2605 E. Preston Street S. SEX 6. PACE B. DATE OF BIRTH 9. AGE (In veors If Under 1 Yr. If Under 24 Hrs. 7. MARRIED NEVER MARRIED XX Months Days lost birthdoy Hours i Male Negro 4/17/34 37 WIDOWED DIVORCED 10A USUAL OCCUPATION (Give kind of work) 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or loreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Emma Paschall Elijah Jackson 15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service) 17. INFORMANT ADDRESS 6. SOCIAL SECURITY NO. 215-30-1714Emma Thompson 2605 E. Preston Street No CAUSE OF DEATH SETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY EPIGLOTTITIS LEADING TO DEATH (A) IMMEDIATE CAUSE (This does not mean the made of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF heart failure, asthenia, etc. It means the disease, injury or camplication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS A CONSEQUENCE OF la the above cause (A) stating the UNDERLYING CONDITION last. CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A) 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 20A. AUTOPSY? (Yes or No! 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 218. PLACE OF INJURY (e.g., in or about 21C. WHERE DID home, form, factory, street, office bldg., INJURY OCCUR? (Il in Baltimore City, give exact location) MEDICAL DEATH (notify medical examiner) etc ) 21 D. TIME 21F. HOW DID INJURY OCCUR? (Month) (Doy) (Year) (Hour) 21 E. INJURY OCCURRED OF INJURY Not While While At (APPROX.) At Work Work 22. I certify that (1) (this haspital) attended the deceased from that () (we) last saw the deceased alive an. and that in (aur) apinion death accurred an the date and haur and fram the causes stated abave. (We) (did) (Malinus) view the bady after death. 23A. SIGNATURE 238. DATE SIGNED Attending Med. 3/17/72 Director Phys. 23C. PHYSICIAN'S 23D. ADDRESS NAME (Type The Johns Hopkins Hospital M.D. James Herroy 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, or county) REMOVAL (Specify) Burial Cedar Hill Cemetery 3-18-72 Anne Arundel Ctyl, Md. 258. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS o Wm? C March 928 E North Ave.

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M-26.	5 72 0 MED	2741 ICAL	BALTIMORE CITY HE EXAMINER'S			OF DEA	ΓH Νο	-	72 02	741
BIRTH NO.							REG. NO.			
1. NAME OF DEC (Type ar Print)	LEANDER McC	ORMICK	ξ	2. DATE OF DEATH	Known   Estimated	_	Doy	Year	Haur	М.
4. PLACE IN BALT	IMORE, MARYLAND, W	HERE PRO	NOUNCED DEAD	3. DATE	UNICED DEAD	Month	Day	Year	Haur	
FULL NAME OF HOSPITAL	(IF NOT IN HOSPITA ADDRESS OR LOCA	L OR INSTITUTION)	JTION, GIVE STREET		UNCED DEAD		16, 1972		10:30	
2038 E.	Biddle Stree	t		5. USUAL F A. STATE	Marylai		B. COUNTY	n; residence	S O	sion)
6. SEX	7. RACE	B. MARRIEI	D NEVER MARRIED	C. CITY OF	TOWN		D. INSIDE CI	TY LIMITS?	-	707
Fema1e	Negro	WIDOWE	DE DIVORCED		timore		YE	ES 🗌	NO 🗌	
9. DATE OF BIRTH 2-6-08	1 10.AGE (In	years If M	Under 1 Yr. If Under 24 Hrs. anths   Days   Hours   Min.		E. Bidd		et			
North Ca	tote or foreign country) arolina	12	CITIZEN OF WHAT COUNTRY?	13. FATHER	's NAME er Morga	an				
		4B. KIND C	F BUSINESS OR INDUSTRY	Y 15. MOTHE	R'S MAIDEN	NAME				
Domesti	arking life, even if retired) LC			Anni	e Morgan	ı				
16. WAS DECEASE	D EVER IN U.S. ARMED	FORCES?	17. SOCIAL SECURITY NO.	18. INFOR				DDRESS		
		,			a Mayo -	-2038 E.	Biddle			
19.174	X		CAUSE OF DEA						PPROXIMATE IN	
	OR CONDITION DIREC	CTLY	Carcinon	na of B	reast					
	LEADING TO DEATH of mean the mode of dy	ing, e.g.,	(A) IMMEDIATE O	AS A CONSE	LIENCE OF:					
	osthenio, etc. It meons the plicotion which caused dec		50210,000	701105	FOEITGE OIT.					
DISEASES O RISE TO THE UNDERLYIN	ATECEDENT CAUSES  OR CONDITIONS, IF ANY ABOVE CAUSE (A) STAT AG CONDITION LAST.	, GIVING ING THE	(B)	AS A CONSE	QUENCE OF:					
O THE DEA	II IFICANT CONDITIONS CO ATH BUT NOT RELATED TO CONDITION GIVEN IN PA	THE TERMIN								
20A. DATE OF	OPERATION 208. CON	IDITION FO	OR WHICH OPERATION W	AS PERFOR	MED			21. AUT	OPSY? (Yes o	ır Na)
90						1		no (	Inquir	y)
UNDERLYING	NAL CAUSE WAS OR CONTRIB- USE OF DEATH.	ho	B.PLACE OF INJURY (e.g., ome, form, foctory, street, office	in or about te bldg., etc.)	22C. WHERE D NJURY OCCU	ID (If in Boltim R?	are City, give exc	oct location)		
22D. TIME (OF INJURY (APPROX.)				WHILE O	22F. HOW DID	INJURY OC	CUR?			
	JRE Popald N	nquiry X	Inspection Au Accident Suicid	de H	ond that a omicide C CHIEF MEDIC ISTANT MEDIC DCIATE MEDIC	Undetern AL EXAMINER AL EXAMINER	nined monner [		date sign	NED
24A. BURIAL CREM	MATION, 24B. DATE		24C. NAME of CEMETERY	or CREMAT	ORY 2	4D. LOCATIO	N (City, taw	n, ar county	y) (Sta	ite)
REMOVAL (Specific Buria)	3-21-7	72				Eagle R	ock, N.C			
25A. DATE REC'D	BY HEALTH DEPT.	25B. NA	ME OF REGISTRAR	25C.	FUNERAL DIR	ECTOR	Δ	DDRESS		
MARON	1072 02 0	8 Jal	2 ASD ()	O Wm	C. March	6- 928	E. North	n Aver	ue	
INITIAL COLUMN	ISTER UNDER		1 0 100	THE REAL PROPERTY AND ADDRESS OF THE PARTY AND	10 1 - 145 x 01	100				

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(Type or Pr	PECEASED  DELPHIN	J. WARR	INGTON		MARCH 1		12.30
3. PLACE	N BALTIMORE MAR	YLAND, WHERE P	NONOUNCED DEAD	4. USUAL RESIDE	B. COUNTY	lived. If instituti	ont residence before adn
FULL NAM	E OF (IF NOT	IN HOSPITAL OR	NSTITUTION, GIVE STREET	MALYGAMI			154
HOSPITAL	N ADDRESS	S OR LOCATION)		BALT IM		D. INSIDE C	
33	HNS HOPKI	NS HOSP	LTAL	E, STREET AND		YES	NO 🗌
	HNS HOPKI	11001	1105		BRADDISH		
5. SEX	6. RACE	WIDO	REED NEVER MARRIED DIVORCE	7/20/0	8 lost bisthday	rears If Ma	Under 1 Yr. If Under nths Days Hours
	OCCUPATION (Give		ND OF BUSINESS OR IN	DUSTRY 11. BIRTHPLACE (	itate of foreign country)	12.	CITIZEN OF WHAT CO
	R		BACHROL	_ Baltimon			U.S.A.
13. FATHE	S NAME			14. MOTHER'S M			
_	REW JOHNS		- 42		CASSIE MO	ORLY	
15. Wes Do	cessed Ever in U. S. nknown! (II yes, give	Armed Ferces? war or dates of ser	vice) 1 & SOCIAL SECURITY NO	17. INFORMANT			ADDRESS
				18/3 William	T. Warrin	gton 22	
16.	46X		CAUSE OF	DEATH	?		APPROXIMATE INT
	DISEASE OR COND LEADING TO		CANIMMEDIA	CAN de o pue	monthy Arna	+=	12 Mar 7.
(This	ces not mean the	mode of dying.	DUE TO	OR AS A CONSEQUENCE	monty Arna F: nemaleyer	1, 41.	
Injury	ar complication which	ch caused death.)	. /	14	rencesego	user y	
	ANTECEDENT	CAUSES	(B) 3/C	thy porter	long		
DISEA	SES OR CONDITION	ONS, If any, g	giving DUE TO,	OR AS A CONSEQUENCE	Of: 1		
	RLYING CONDITIO		(c)				
E TO TH	SIGNIFICANT CONDI DEATH BUT NOT RE E OR CONDITION GIV	LATED TO THE TERM	ING Y	nuttial Sil	erans		
2 19A.D	TE OF OPERATION	19% CONDITION	FOR WHICH OPERATION	20A AUTOPSY	(Yes or No) 20B, IF YE	S. WERE FINDE	NGS CONSIDERED
	MAY 72	Trachae	I als Trulle	y y	2	0	
OR CO	CCIDENT WAS UND NTRIBUTING CAU Inotify medical exam	SE OF	home, farm, factory, s	Yte.g., in or about 21 C. JVH treet, office bldg., INJURY	OCCUR C	in politimore City	y, give exoct location)
0 21D.Y	ME (Month) (De	py) (Year) (Hous	0	ED 5 21F. HO	W DID INJURY OCCU	7	
OF IN	URY		While At C	of While	3		
		e hogalant man-	Work L A	Work L	10 57	15 M	erch 19
	(we) last saw the		N/L		and that In (my)	10	
	A NOTE A PROPERTY AND A SERVICE AND A SERVIC			not) view the body aft		feet shimm	
that		nuses stated abo		, Trow the body di		23 B.	DATE SIGNED
that and h		ouses stated abo	1				
that and h	our and from the co	uses stated abo	Own	Attending Me	d. Stoff		15 March 7
and h	GNATURE	in trup	limp orga	Die			15 March 7
and h	OUF and from the CO	TARPLEY	Penno DEGI	Phys. LJ Din 23D. ADDRESS JOHNS	HOPKINS H	OSPITAL	
23A. 51 23C. PI N	OUT and from the CO GNATURE ITSICIAN'S AME (Type) JOHN'	TARPLEY	Penno DEGI	Phys. L. Din 23D. ADDRESS DEGREE JOHNS			
23A. 51 23C. PI N	ITSICIAN'S AME (Type)  JOHN'S  ACCEPATION, 24B	TARPLEY	Penno oega , M.D.	Phys. L. Dim 23D. ADDRESS DEGREE JOHNS OF CREMATORY	HOPKINS H	(City, to	

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This cortificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased death. Such was in regular attendance on the prior to deceased prior to death); and (6) No physician was in regular attendance on the deceased pri written approval must be obtained before the remains are embalmed or final disposition is made. was D.O.A. at a hospital (except where the physician who pronounced death

VS 150-REV. 1/1/68

	PALTIMORE CITY	/ LIPAT WILL DEDA DOLLER AND	
	1-5/6/1 MO 50W 1-	THEALTH DEPARTMENT  REG. NO.	72 02743
	DIATE NO.	TE OF DEATH REG. NO	
10	1. NAME OF DECEASED	2. DATE AND HOUR OF DEATH	_45
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3-16-72	15 a. m.
	WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where docoosed lived, Il institut	tion: residence before admission)
	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	Maryland	1547
7	INSTITUTION	C. CITY OR TOWNS	
1	UNIVERSITY OF MARYLAND	E. STREET AND NUMBER	s No 🗌
	Hospital	2904 Clifton Av.	
	5. SEX 6. RACE 7. MARRIED NEVER MARRIED		Under 1 Yr., If Under 24 Hrs.
	MIDOMED DIVORCED DI	1-27-33 lost birthdoyl	onths Doys Hours Min.
	10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY		2. CITIZEN OF WHAT COUNTRY?
1	done during most of working life, even if retired)	Md.	USA
-	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	<u>~20</u>
	Ernest Joyner Sr.	Bertha Hilliard	
1	15. Was Decosed Ever in U. S. Armed Forces? 11.6. SOCIAL	17. INFORMANT	
-	security NO.		ADDRESS
	Nau 1	Barbara Joyner 2904 Cli	fton Ave.
1	The Table of DEATH		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
1	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	Re Portine hemorrhage	201
-	(This does not meen the mode of dying, e.g.,  DUE TO, OR AS,	A CONSEQUENCE OF:	30 mg
	heart failure, asthenio, etc. It means the disease, injury or complication which coused death.)		
	ANTECEDENT CAUSES	tension	
	DISEASES OR CONDITIONS, if ony, giving DUETO, OR AS	Tension A CONSEQUENCE OF:	*****
1	inse to the obove couse (A) stating the UNDERLYING CONDITION last.	ipidemia	
	1	******	*****
	O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL TO ISEASE OR CONDITION GIVEN IN PART 1 (A)		
	TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).		
	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED LX STUDY	20A. AUTOPSY? (Yos of No.) 20B. IF YES, WERE FINDS	NGS CONSIDERED OF DEATH?
	U 218. ACCIDENT NO. UNDERLYING 218. PLACE OF INJURY (e.g., in	128/67	
	DEATH (notify medical asserted to the local form, locally, street, of	ico bldg., INJURY OCCUR?	y, give exoct locotion)
	2 21D. TIME (Month) (Doy) (Yeor) (Hour) 21E, INJURY OCCURRED	215 11011 12 12 12 12 12 12 12 12 12 12 12 12 1	
	OF INJURY (APPROX.)  While At Not While	21F. HOW DID INJURY OCCUR?	
I	THOIR CONTROL		
	0.10	70	16 1972
	•	19 72 ond that In(my) (our) opinion	death accurred on the date
	ond hour and from the couses stated above. (I) (We) (did) (did not) vi		
I	11 1 2 1 1	49	3-16-72
	Phys.	Director L. Phys. L.	7-10-12
	23C. PHYSICIANS NAME (Typo) Wolfram REICHL	3D. ADDRESS	
	24A. BURIAL CREMATION, 24B. DATE 24C NAME OF CEMETERY OF CREATERY	University Maryland	
	Burail 3/21/72 Arbustus Mem.	10.17	wn, ar cauniy) (State) Md.
1	MAR 9 0 1072 258. NAME OF REGISTRAR	Mary-E. Law 802 Madiso	ADDRESS IN AVE
Ш	THE LOCAL PROPERTY OF THE PARTY	Trans De Deu cor Magrac	· AT

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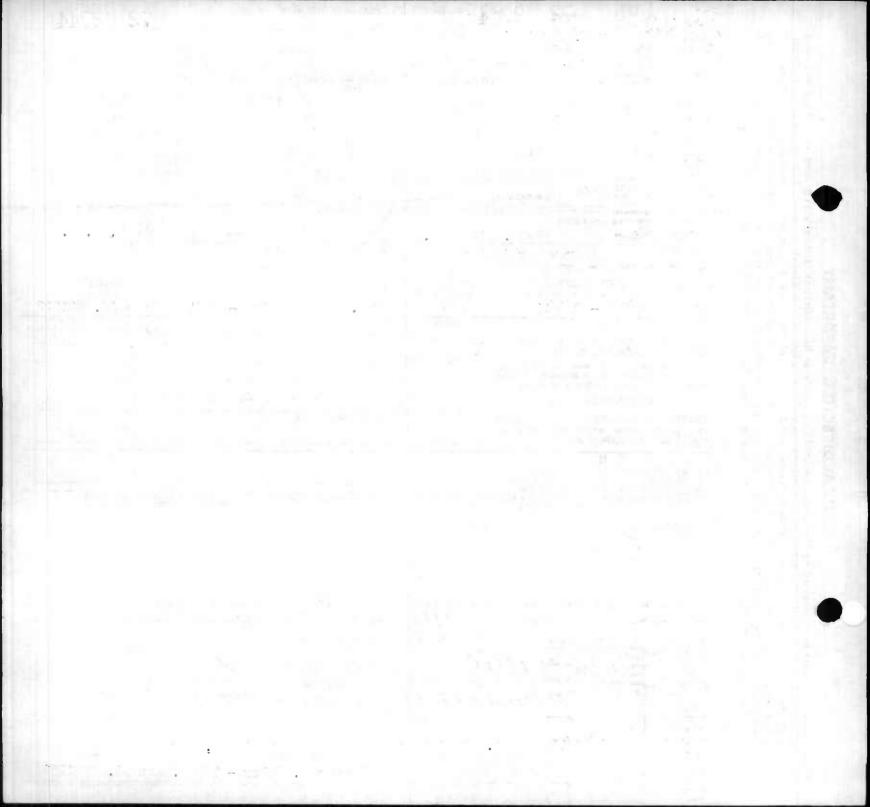
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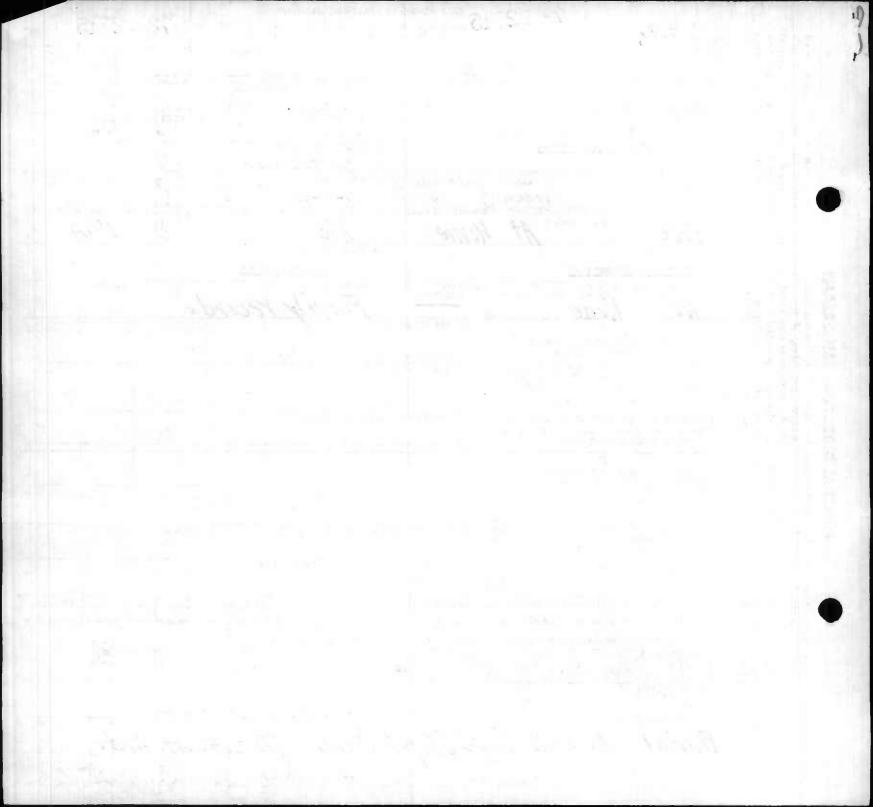
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

-	T422 72 02'	BALTIMORE CITY	HEALTH DEPARTMENT		יצי המים סמי
	RH NO. Frank Turkiew	CEDITICIOA	TE OF DEATH	REG. NO	72 02744
	PO OF PRINT TURKIEWICZ	- FRANK	3	HOUR OF DEATH	9:40 P M
3,	PLACE IN BALTIMORE, MARYLAND, WHERE PRO	NOUNCED DEAD	A. STATE B. COUNT	deceased lived. If in	stitution: residence before admission)
III H	ULL NAME OF (IF NOT IN HOSMTAL OR INS	STITUTION, GIVE STREET	MAKY LAW	A - PSA	ITMORE 60-5
15	Church House & Itos;	bital	city		YES A NO
	120 North Browshireys		E. STREET AND NUMBER	FORD Stru	et 21224
5.	SEX G. RACE White WIDOW	ED NEVER MARRIED DIVORCED DIVORCED	3/13-190 "	ost birthday)	If Under 1 Ys. If Under 24 Hrs. Months Doys Hours Min.
	USUAL OCCUPATION (Give kind of work 108, KIND to during most of working life, even if retired)	OF BUSINESS OR INDUSTRY		a country)	12. CITIZEN OF WHAT COUNTRY?
	Pipe fitter Beth	. Steel Co.	POLAND		. U. S. A.
13.	FATHER'S NAME Andrew Turk	iewicz ?	14. MOTHER'S MAIDEN NAM	1Ē	
15. (Y.	Was Deceased Ever in U. S. Armed Forces?	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
11 -	Tes 9/7/20-9/6/23		Mrs. Frances Gi	za - 8054 W	allace Rd. #21222
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	ANNIMEDIATE CAL	CHOPLEUMONIN		- walling
	17his does not mean the mode of dying, a heart failure, asthenia, etc. It means the disec injury or complication which caused death.)	DUETO, OR AS	A CONSEQUENCE OF: 03 CLERO 815 VA	ASCULAR	Discass Jeveral
	ANTECEDENT CAUSES	(B) (C) (B)	NIC PORATION &	YNDIZUM	E plans.
	DISEASES OR CONDITIONS, If any, givenise to the above cause (A) stating UNDERLYING CONDITION last,		A CONSEQUENCE OF:		
	The state of the s				
ATION	DISEASE OR CONDITION GIVEN IN PART 1 (A).	AL			
ERTIFIC	19A. DATE OF OPERATION 19B. CONDITION FO	OR WHICH OPERATION	20A. AUTOPSY3 (Yes or No)	208. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
CAL CE	121 A. A CCIDENT WAS UNDERLYING	21R PLACE OF INJURY (e.g., home, farm, factory, street, o etc.)	n or obout 21C, WHERE DID flice bidg. INJURY OCCUR?	(II to Boltimor	re City, give exact lacation)
MEDI	21 D. TIME IMONIH) (Doy) (Yeot) (Hous) OF INJURY IAPPROX.)	21E INJURY OCCURRED  While At  Not While  Not Work	21F. HOW DID INJU	JRY OCCUR?	1 - 122
	22. I certify that (I) (this hospital) attended		3/01/72	9to	117/12 19
	that (1) (we) last sow the deceased alive	$\frac{3}{17}$	2 19 ond the	it in (my) (our) opi	nion death occurred on the dote
	and hour and from the couses stated above	a. (1) (We) (dld) (dld nat)	view the body after deoth.		
	23A. SIGNATURE MANUPAGUEL 23C. PHYSICIAN'S	tele DEGREE Phy	ending Med.	Staff Phys.	238, DATE SIGNED
	23C. PHYSICIAN'S NAME (Type) WAY KER- IMPAG	LIATELLI	23D. ADDRESS 100 NOIZTH	BROASU	PAY St.
24	A. SURIAL CREMATION, 248. DATE REMOVAL ISpecify)	C. NAME of CEMETERY OF CR	EMATORY 24D. LO	CATION IC	ity, town, or county) (State)
	Burial 3/21/72	St. Stanislaus	Cemetery Bal	timore. Mar	yland
25		AE OF REGISTRAR	George A. Web	)	Ann St. #21231
V	150-REV. 1/1/68				

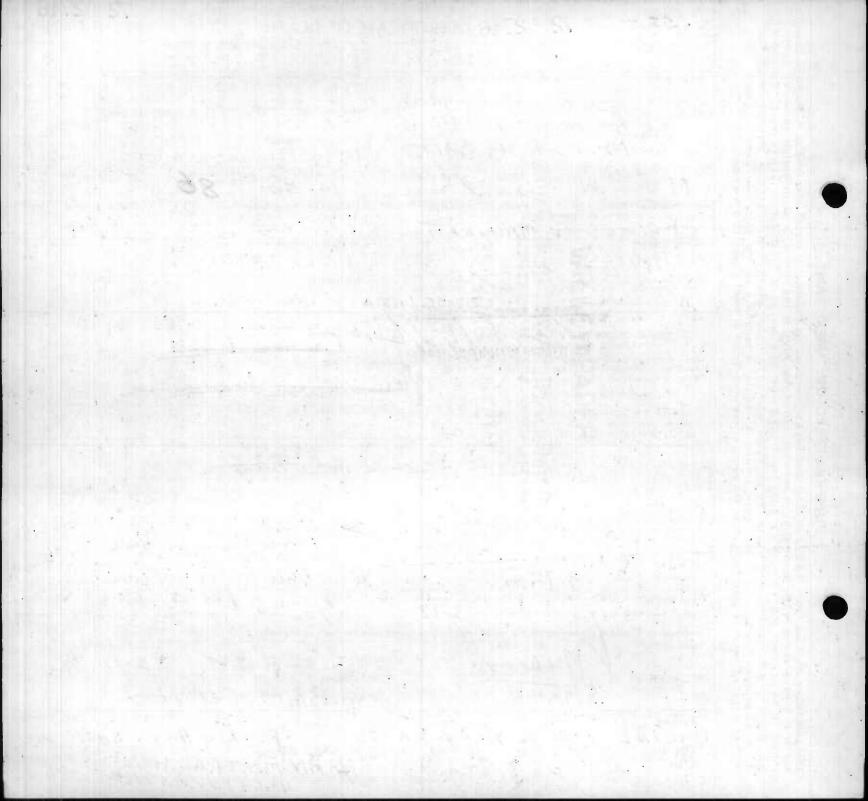


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1	5-143	745 CERTIFICA	TE OF DEATH	REG. NO	72 02745
1. N.	AME OF DECEASED Lisa Bauk	li+z		AND HOUR OF DEATH	1/30 Pm
3. P	LACE IN BALTIMORE, MARYLAND, WHERE PRO	HOUNGED DEAD	4. USUAL RESIDENCE (WA. STATE B. CO	here déceased lived. If i UNITY	institutions residence before admission)
HO	L NAME OF SPITAL OR IN: SPITAL		MARYLAND c. CITY OR TOWN JOPPA	HARFORD D. IN:	SIDE CITY LIMITS?  YES NO NO
3	BALTIMORE, MD 21205	170	E. STREET AND NUMBER		YES NO NO
5. \$	EX 6- RACE 7- MARRI WIDOW			9. AGE (In years last birthday)	If Under 1 Yr. If Under 24 Hrs. Months Days Haurs Min.
	USUAL OCCUPATION (Give kind of work 108, KIND during mest of working life, even if retired)	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State of 6	oreign caunity)	12 CITIZEN OF WHAT COUNTRY?
13. [	FATHER'S NAME		14. MOTHER'S MAIDEN N		
15.1	WILLIAM BAUBLITZ Nos Decessed Ever in U. S. Armed Forces?	16 SOCIAL	NANCY I	LUCAS	ADDRESS
(Yes	no orunknown! (If yes, give war or dates of service)	SECURITY NO.	Family	records	
	DISEASE OR CONDITION DIRECTLY	CAUSE OF DEATH	Pagain	to Tailing	BETWEEN ONSET AND DEATH
	LEADING TO DEATH (This does not mean the mode of dying, e	(A) IMMEDIATE CAU	SE // ESP(? 9 L' CONSEQUENCE OF:	Tay Fallow	1 melle
	heart failure, asthenia, etc. It means the disso Injury or complication which caused death.)	10	TO Chanie	of Pancre	and the
	ANTECEDENT CAUSES  DISEASES OR CONDITIONS, If any, give	ing (B) DUE TO, OR AS	A CONSEQUENCE OF:	or rance	ar 5715.
	rise to the above cause (A) staling UNDERLYING CONDITION last.	(c)			
NO	OTHER SIGNIFICANT CONDITIONS CONTRIBUTIN	lG			
ATION	TO THE DEATH BUT NOT RELATED TO THE TERMIN DISEASE OR CONDITION GIVEN IN PART 1 (A).	AL	20A. AUTOPSY? (Yes or	N-V 200 In wee ween	E PINDINGS CONSIDERED
CERTIFIC	19A. DATE OF OPERATION 19B. CONDITION FO	DK WHICH OPERATION	ys y	IN CERTIFYING C.	FINDINGS CONSIDERED AUSES OF DEATH?
CAL	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examined)	218. PLACE OF INJURY le.g., in home, farm, factory, sheet, of etc.)	or about 21 C. WHERE DID fice bidg., INJURY OCCUR!	(il In Baltime	ore City, give exact location)
	OF INJURY	21E INJURY OCCURRED  While At T Not While	21F. HOW DID	INJURY OCCUR?	
	(APPROX.)  22. I certify that (I) (this hospital) attended	Work L At Wark	3/7	19 72 10	3/13 10 72
	tho (1) (we) lost saw the deceased alive	17 / 100	19 72 ond	that In (my) (our) or	olnion death accurred on the date
11 1	and hour and from the sauses stated above	(I)(We) (did) (did not) v	lew the body after deat	h.	JOHN DAYS MONED
	23A/SIGNATURE	MD. Alle Phys	nding Mod.	Staff Phys.	3 /3/72
	23C.PHTSICIAN'S NAME IJype)	DEGREE	23D. ADDRESS	111730/	
244	Michael V. Johns	ston, m. DEGREE		HOPKINS HOSPI	
244	DUNIA Mar, 16, 1972 1	Pays Chapel	Ceme 24D	imonium	City, town, ar county) 15tote)
25A	A DATE REC'D BY HEALTH DEPT. 25B. NAM	AE OF REGISTRAR	25C. FUNERAL DIRECT	ENSISONS	TOWSON, Md.
1	SIGNA (IVA)	James T.	1-19-11		

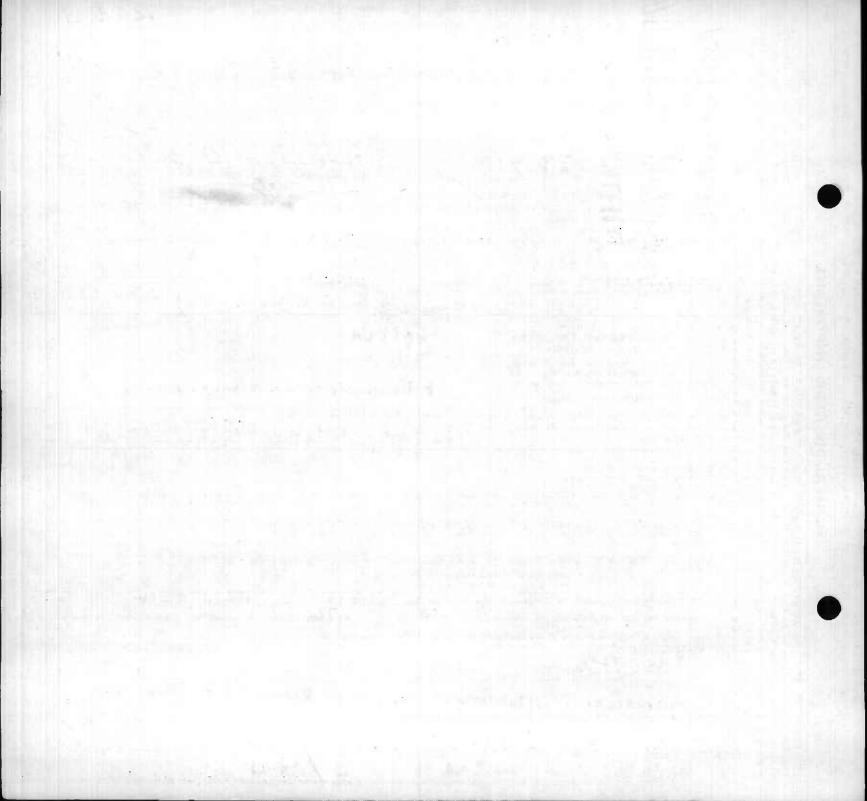


	BALTIMORE CITY HEALTH DEPART	MENT	72 02746
72 02746	CERTIFICATE OF DE	ATH REG. NO.	10 00110
1. NAME OF DECEASED		DATE AND HOUR OF DEATH	
(Type or Print) DERTON, WA	LTER J.	3-17-72	1930 a. M
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNC	ED DEAD 4. USUAL RESIDE	NCE (Where deceased lived. If institu B. COUNTY	tion: residence before admission)
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTIO ADDRESS OR LOCATION)	N, GIVE STREET		2500
			CITY LIMITS?
1 - SO BALTIMORE GEN		10	S NO
T3 so. ITANOVER ST, 1.	SALTO 4934	PENNINGTON AUE	
5. SEX 6. RACE 7. MARRIED 7	SEVER MARRIED 8. DATE OF SIRTH		Under 1 Yr. If Under 24 Hrs.
WIDOWED WIDOWED	DIVORCED 3-14-	86	omis, boys inous, ivin.
10A. USUAL OCCUPATION (Give kind of work 108, KIND OF BUS	INESS OR INDUSTRY 11. BIRTHPLACE (S	ote or foreign country)	2. CITIZEN OF WHAT COUNTRY?
done during most of working tile, even if retired)  (CT) RET)  MAChin	ENGC	AND	4.517
13. FATHER'S NAME	14. MOTHER'S MA		,
THOMAS 5	MAR	y MYERS	
15. Wos Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dates of service)	SOCIAL 17. INFORMANT		ADDRESS
		SPHEW	
18.4/2,4 + 19.00	Lycesclevete	Cardian sulas Descha	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIFECTLY	1/ Butines	1: a	
(This does not mean the made of dring, e.g.)	DUE TO OR AS A CONSEQUENCE O	ALSE ALSE	
heart failure, asthenia, etc. It means the disease,	DUE TO OR AS A CONSEQUENCE O	1	
injury at camplication which caused death.)  ANTECEDENT CAUSES	ARunoschon	tis Heart dises	se .
	(8) DUE TO, OR AS A CONSEQUENCE		
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the	DOE TO, OR AS A CONSEQUENCE	OF:	
UNDERLYING CONDITION last.	(C)		
	02	luis	
O THE SIGNIFICANT CONDITIONS CONTRIBUTING	Fracture Pulsic	BONG	
TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).			
194. DATE OF OPERATION 198. CONDITION FOR WHICE WAS PERFORMED	CH OPERATION 20A. AUTOPSY?	(Yes or No.) 20B. IF YES, WERE FINE IN CERTIFYING CAUSE	DINGS CONSIDERED S OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING 21B. PLA	CE OF INJURY (e.g., in or about 21 C. WHE	RE DID III in Boltimore Ci	ty, give exact location)
OR CONTRIBUTING CAUSE OF home, for DEATH (notify medical examiner)	CE OF INJURY (e.g., in or about 21 C. WHE rm, factory, street, office bldg., INJURY C	CCUR?	1
U	URY OCCURRED 21F. HOW	DID INJURY OCCUR?	1406
OF INJURY		DID INJUKT OCCORS.	-1.1.4.1
While A	Not While	The transfer of the transfer o	whilegetting
(APPROX.) 2 -29-72 Rm While A	Not While At Work	ELL TOTHE FL	OUR up for toble
22. I certify that (I) (this hospital) attended the d	eceosed from 2 - 29 -	ELL FOTHE FL	OUR up for to bold
LAPPROX.) 2 29-12 RM Work	eceosed from 2-29 -	19 / 210 5 -	17 p for toble
22. I certify that (I) (this hospital) attended the d	eceosed from 2 - 29 - 3-17 - 19 72	and that in (my) (our) opinion	17 p for toble
22. I certify that (I) (this haspital) attended the dethat (I) (we) lost sow the deceased alive on	eceosed from 2 - 29 - 3-17 - 19 72	and that in(my) (our) opinion or death.	17 p for toble
22. I certify that (I) (this hospital) attended the d that (I) (we) lost sow the deceased alive an and hour and from the couses stated above. (I) (W	eccesed from Z - Z 9 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 -	and that in(my) (our) opinion or death.	DOR sp for to block 17 19 72, In death occurred on the date  B. DATE SIGNED
22. I certify that (I) (this hospital) attended the dithat (I) (we) lost sow the deceased alive on	eccessed from Z - Z 9 - 3 - 17 - 19 7 2 e) (did) (did not) view the body ofte	and that in (my) (our) opinion or death.	17 19 72, n death occurred on the date
22. I certify that (I) (this hospital) attended the dithat (I) (we) lost sow the deceased alive an and hour and from the causes stated above. (I) (W 23A. SIGNATURE	eceosed from Z - Z 9 - S - 17 - 19 Z 2 e) (did) (did not) view the body often Attending Med Phys.	and that in(my) (our) opinion or death.  Stoff Phys.	DOR up for table 17 19 72  In death occurred on the date  B. DATE SIGNED  3-17-72
22. I certify that (I) (this hospital) attended the d that (I) (we) lost sow the deceased alive an and hour and from the couses stated above. (I) (W 23A. SIGNATURE 23C. PHYSICIAN'S NAME (Type) STAHAAN  24A. BURIAL CREMATION, 24B. DATE 24C. NAME	eceosed from Z - Z 9 - S - 17 - 19 Z 2 e) (did) (did not) view the body often Attending Med Phys.	and that in(my) (our) opinion of death.  Staff Phys.   23	DOR sp for to ble 17 19 72  In death occurred on the date  B. DATE SIGNED
22. I certify that (I) (this hospital) attended the d that (I) (we) lost sow the deceased alive on	eccessed from 2 - 29 - 3 - 19 7 2 e) (did) (did not) view the body often accessed Attending Med Phys. 23D. ADDRESS 23D. ADDRESS 301 CEMETERY of CREMATORY	and that in(my) (our) opinion of death.  Stoff Phys.   23	DOR sp fr. folded 17 19 72, In death occurred on the date  8. DATE SIGNED  3 - 17 - 72  OSP, Own, or county) (State)
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This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death	shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the	deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such	written approval must be obtained before the remains are embalmed or final disposition is made.	

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	TH NO.	12 UZ15	£ /,			
	Pe or Print)	n'	or r		HOUR OF DEATH	
	Janie	-arroll	UZNNIE Ca.	7.1.011	14-72	12.30 FM.
3.	PLACE IN BALTIMORE, M	ARYLAND, WHERE PR	ONOUNCED DEAD	A. STATE B. COUNT	e deceased lived. If institution	ant residence belate admission)
	LI MANAGOR (IF N	OF IN HOSPITAL OR I	NSTITUTION, GIVE STREET	Mo.		8 3.3
H	SPITAL OR ADD	RESS OR LOCATION)	NSTITUTION, GIVE STREET	C. CITY OR TOWN	D. INSIDE CIT	TV HMITS?
1111	STITUTION			Ballimo		
	ake Drive No			E. STREET AND NUMBER	YES	NO L
	3401. Eukan	Place		2664 E.Olive	- St R- 0x	1 more 21213
	Balhimoreid	1d. 21217		2604 2.01180	er sti place	7,10
S.	SEX 6. RACE	7. MAR	RIED NEWER MARRIED	161 / - 1.	AGE (In years II U	Inder 1 Yr. If Under 24 Hrs. ths: Days Haurs Min.
	te 1	WIDO	WED DIVORCED	4-18-XXXXX	XXXX 5.5	
10/	USUAL OCCUPATION	Sive kind al work 10B. KIN	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreig		CITIZEN OF WHAT COUNTRY?
dor	e during mast af working lile,	even if retired)				1101
	Domestic	Pr	Vate Family	AVdeN. N.	C,	45A
13.	FATHER'S NAME	7		14. MOTHER'S MAIDEN NAM	iE .	
	1	4		7		
15	Was Deceased Ever in U. s,na or unknown) (II yes, gi	S. Armed Forces?	1 6. SOCIAL	ZINKNOWN:		ADDRESS
(Ye	s, na or unknown) (II yes, gi	ve war or dates al ser	SECURITY NO.	11.11.11.11.11	1 11	04 E, Oliver St.
	NO		240-03-8271	William Killfrey	(nephew)	(13)
	18. 4119 2	1	CAUSE OF DEAT			APPROXIMATE INTERVAL
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		TO DEATH	V			sevelut and
	(This does not meon			A CONSEQUENCE OF:		
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	ANTECED	ENT CAUSES	(B)			1 / -
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	underlying condi		- THE 1 LLA	D & Chronic F	Hual februle	2
	UNDEKLING CONDI	ITON 10SI.	(c)	<u> </u>		
7		II	4.0	VI -		
101	TO THE DEATH BUT NO					
<	DISEASE OR CONDITION	GIVEN IN PART 1 (A).				
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CERTIF	0					
ū	OR CONTRIBUTING	NDERLYING [	21B. PLACE OF INJURY (e.g., hame, larm, factory, street, c		(If in Boltimore City,	give exact location)
¥	DEATH (notily medical e		etc.)	into singe, into ski o cook.		
DIC	21 D. TIME (Manth)	(Day) (Year) (Haur)	21E. INJURY OCCURRED	21F. HOW DID INJU	IRY OCCUR?	
ΑE	OF INJURY		While At Nat Whi		KI GGGK.	
	(APPROX.)		Wark L At Work			
	22. I certify that (1) (	this haspital) atten	ded the deceosed from	1-13	912 10 3-14	1972-,
	that (1) (we) last saw		9 10	1972 and the	et in (my) (qur) aninian	death accurred on the date
					Tin(in)) (doi) aprillon	death decorred on the date
		causes stated aba	ve. (1) (We) (did) (did nat)	view the bady after death.		
	23A. SIGNATURE	- 0				DATE SIGNED
	m 14	Cleun	DEGREE Phy	ending Med. Director	Phys.	1-14-72
	23 C. PHYSICIAN'S		VEGREE			Rupelis Mal
	NAME (Type)	20 B A71	BUERNE MO	7935 PIRENS	PATH Stone 1	9.10734
-	O COPPLET CO		DEGREE			
24	A. BURIAL CREMATION, REMOVAL (Specily)	24B. DATE 2	4C. NAME of CEMETERY of CR	EMATORY 24D. LO	CATION (City, tov	vn, or county) (State)
	Quais!	3-10-112	3-Mt. Calvary	PARTONI D.	up Anudal	Co MI
25	A. DATE REC'D BY HEALT	H DEPT.  258. NA	ME OF REGISTRAR	25C. FUNERAL DIRECTOR	ne Arundel	ADDRESS
	MAR 20 1972	Valle E &	BEZ NO O	0 P 7 1 1 1 1 1	20016	E. Oliver Str
Ve	150-REV, 1/1/68	3.00		you do cotty; Co	10 Click 2431	61 Welver Str
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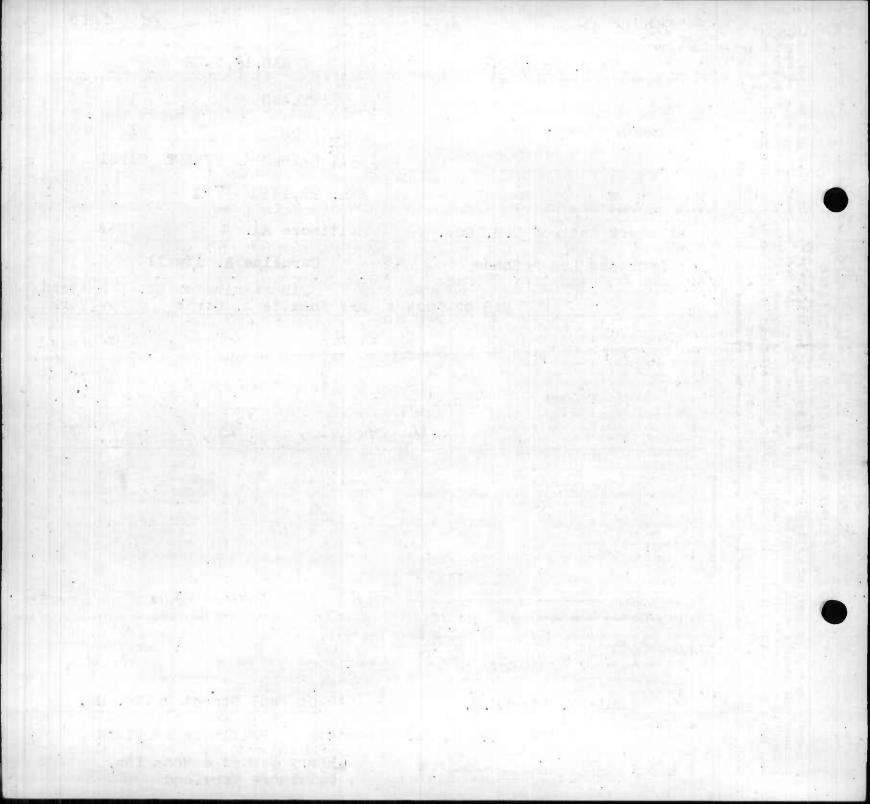
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BALTIMORE CITY HEALTH DEPARTMENT REG. NO. 72 02748 CERTIFICATE OF DEATH BIRTH NO. I, NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) MAR. 18, 1972 ALMA A. McSHANE 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD B. COUNTY MARYLAND (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) FULL NAME OF HOSPITAL OR C. CITY OR TOWN D. INSIDE CITY LIMITS? ANDERSON NURSING HOME YES X NO BALTIMORE E. STREET AND NUMBER 3604 MOHAWK AVENUE 311 CATHEDRAL STREET 21201 S. SEX 6. RACE B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. Months: Doys If Under 24 Hrs. MARRIED NEVER MARRIED Hours 27,1891 FEB. F W WIDOWED DIVORCED 10A, USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (Stole or foreign country) 12, CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) USA Baltimore Md. Chief clerk Retired U.S. GOV. 13. FATHER'S NAME 4. MOTHER'S MAIDEN NAME Caroline B. Atwell Lawrence Lee McShane 15. Was Deceased Ever in U. S. Armod Forces? (Yos, no or unknown) (If yes, give wor or dotos of service) 6. SOCIAL Hamps tead Washington St. SECURITY NO. New York Mrs Annette A. Davis 22 0024 A NO APPROXIMATE INTERVAL CAUSE OF DEATH BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) IMMEDIATE CAUSE (This does not mean the made of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF heart lailure, asthenia, etc. II means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DUE TO, OR AS A CONSEQUENCE OF DISEASES OR CONDITIONS, il any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A). 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20 A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? 218. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID homo, form, foctory, street, office bldg., INJURY OCCUR? 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (If In Boltimoro City, give exact location) DEATH (notify medical examiner) otc.) MEDIC 21 D. TIME (Month) (Doy) (Year) 21F. HOW DID INJURY OCCUR? (Hour) 21E. INJURY OCCURRED Not While OF INJURY While At (APPROX.) Work 22. I certify that (1) (this haspital) attended the deceased fram. 1972 that (1) (we) last saw the deceased olive an. and that in (my) (our) aplnian death occurred an the date and hour and from the couses stated above. (1) (We) (did) (did not) view the body after death. 23A. SIGNATURE 238, DATE SIGNED Attending Phys. Mod. Staff Director Phys. L 23D. ADDRESS 23C. PHYSICIAN'S NAME (Typo) 920 St Paul Street Balto. Md. Wice M.D. Louis E. GEGREE 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (Stote) REMOVAL (Spocify) Burial Loudon Park Cemetery Baltimore Maryland 258. NAME OF REGISTRAR ADDRESS 25A. DATE REC'D BY HEALTH DEPT.

MAR 20 1972 Radie E. Jahren 1973

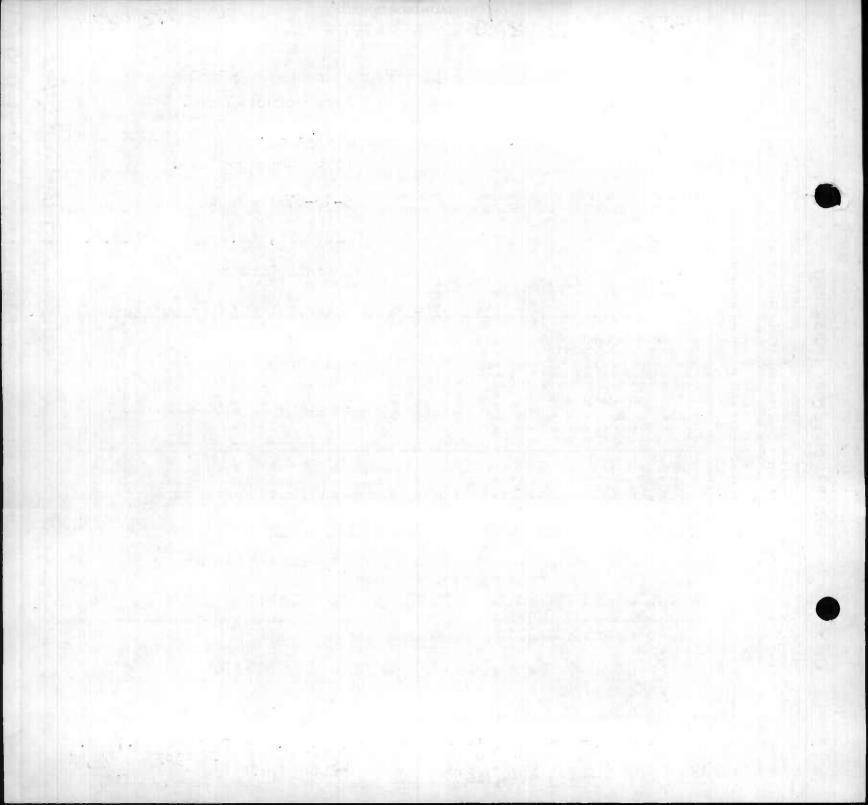
Henry Sander & Sons Inc.

Baltimore Maryland



was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased

BALTIMO	DRE CITY HEALTH DEPARTMENT						
BIRTH NO. 32 72 02749 CERTI	FICATE OF DEATH  REG. NO. 72 02749						
1. NAME OF DECEASED	2. DATE AND HOUR OF DEATH						
Virginia Shields	3-18-72 M.						
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceosed lived. If institution: residence before odmission) A. STATE 8. COUNTY Maryland						
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STR HOSPITAL OR ADDRESS OR LOCATION)	C. CITY OR TOWN D. INSIDE CITY LIMITS?						
2590 Edmondson Ave.	Balto. Md. YES MOL						
	2590 Edmondson Ave.						
5. SEX 6. RACE 7. MARRIED NEVER MARI	RIED B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.						
Female Negro widowed A DIVOR							
10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR II	NOUSTRY 11. BIRTHPLACE (Store or foreign country) 12. CITIZEN OF WHAT COUNTRY?						
done during most of working fife, even if retired)	Poltimone Md						
Caterer none	Baltimore, Md. U.S.A.						
T. dans Dans	77°						
Liston Davis	Virginia Carter						
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service)  16. SOCIAL SECURITY N	I7. INFORMANT ADDRESS						
no 216-10-	1881D Herbert Shields 605 Augusta Ave.						
18.522 X CAUSE C	DE DEATH BETWEEN ONSET AND DEATH						
DISEASE OR CONDITION DIRECTLY							
LEADING TO DEATH	O, OR AS A CONSEQUENCE OF:						
(This does not meen the mode of dying, e.g., DUET hearf loiture, osthenio, efc. It meens the disease,	O, OR AS A CONSEQUENCE OF:						
injury or complication which coused death.)							
. ,							
. ,	Manie renal backerse						
ANTECEDENT CAUSES  DISEASES OR CONDITIONS, il ony, giving  DUE T	O, OR AS A CONSEQUENCE OF:						
ANTECEDENT CAUSES  DISEASES OR CONDITIONS, il ony, giving Trise fo line obove couse (A) stoting line	O, OR AS A CONSEQUENCE OF:						
ANTECEDENT CAUSES  DISEASES OR CONDITIONS, il ony, giving DUE Trise to the obove couse (A) stoting the UNDERLYING CONDITION lost. (C)	O, OR AS A CONSEQUENCE OF:						
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0 113		HEALTH DEPARTM		72 02750 .
C-160 BIRTH NO. 72-04710 72 027	750 CERTIFICA	TE OF DEATH	REG. NO	12 02/30
1. NAME OF DECEASED		2. DATE AN	D HOUR OF DEATH	
COODET Baby	Boy	3.	13-72	M.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PI	ONOUNCED DEAD	A. STATE B. COUN	o deceased lived, If in	stitution: residence before admission)
FULL NAME OF HOSPITAL OR II ADDRESS OR LOCATION)	NSTITUTION, GIVE STREET	C.CITY OR TOWN	21229 0. INSI	DE CITY LIMITS?
331 1 1 6	.)	E. STREET AND NUMBER	re)	YES NO
The Johno Spoken	a Hospital	2929 E. X	Ealtimor	e fort
5. SEX 6. RACE 7. MAR WIDO		3-13-72	9. AGE Un years lost birthdoy! Newborn	Months Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10B, KINdone during most of working life, even if retired)	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or forei	gn country)	12 CITIZEN OF WHAT COUNTRY?
NO. O. C.		JOHNS HOPKIN	S HOSPITAI	m
13. FATHER'S NAME	2	14 MOTHER'S MAIDEN NAM	ME	
Devid Martin	Busink	Pase M	erio	Ash.
5. Wes Deceased Ever in U. S. Armed Forces? Yes, no or unknown] (If yes, give war or dates of ser	icel   16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
- None	SECONITI NO.			
18, 740 X	CAUSE OF DEAT	н	Þ	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY				
LEADING TO DEATH  (This does not mean the mode of dying,	(A) IMMEDIATE CAL		2111132	
heart failure, asthenia, etc. It means the dis	edse,	A CONSEQUENCE OF:		
injury or complication which caused death.)  ANTECEDENT CAUSES		~4.4.	Die	0100
DISEASES OR CONDITIONS, If any,	(B) DUE TO, OR AS	A CONSEQUENCE OF:	(UZOUA	clerica
rise to the above cause (A) stating UNDERLYING CONDITION last.	the (C)	Mnencer	· plade	
11	(0/111111111111111111111111111111111111			
O OTHER SIGNIFICANT CONDITIONS CONTRIBUT				
TO THE DEATH BUT NOT RELATED TO THE TERM!    DISEASE OR CONDITION GIVEN IN PART 1 (A).				
	FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No	IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
OR CONTRIBUTINO CAUSE OF DEATH (notify medical examined	218 PLACE OF INJURY (e.g., home, farm, factory, street, etc.)	ffice bldg. INJURY OCCUR?	(If In Boltimor	e City, give exect location)
OF INJURY (Month) (Doy) (Year) (Hour)	21E INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
(APPROX)	While At Work At Work			
22. I certify that-(f) (this hospital) atten	ded the deceased from 13	Morell	1972 10 1817	(27ch 1972)
that (1) (we) last sow the deceased alive			at In(my) (our) op!	nian death occurred on the date
and hour and from the couses stated abo		view the body after death.		
23A. SIGNATURE				238 DATE SIGNED
Dec Deals	DEGREE Phy	anding Med.	Stoff Phys.	3/13/72
23C.PHYSICIAN'S NAME (Type) Neil N. Ser		23D. ADDRESS  LOHOS EXCENT	51145 4168	PITAL
24A. BURIAL CREMATION, 24B. DATE 2	DEGREE		OCATION (Ci	ity, town, or county) (State)
Cremation 3/13/72	Johns Hopkins			dway, Balto., Md
	AME OF REGISTRAR	25C, RUNCKAL PRINCION	v. S	ADDRESS
MAR 20 1972 Range & 3	Ban 18 2 0	MUKIUAR	YSERVIC	CE - BCHD
VS 150-REV. 1/1/68				

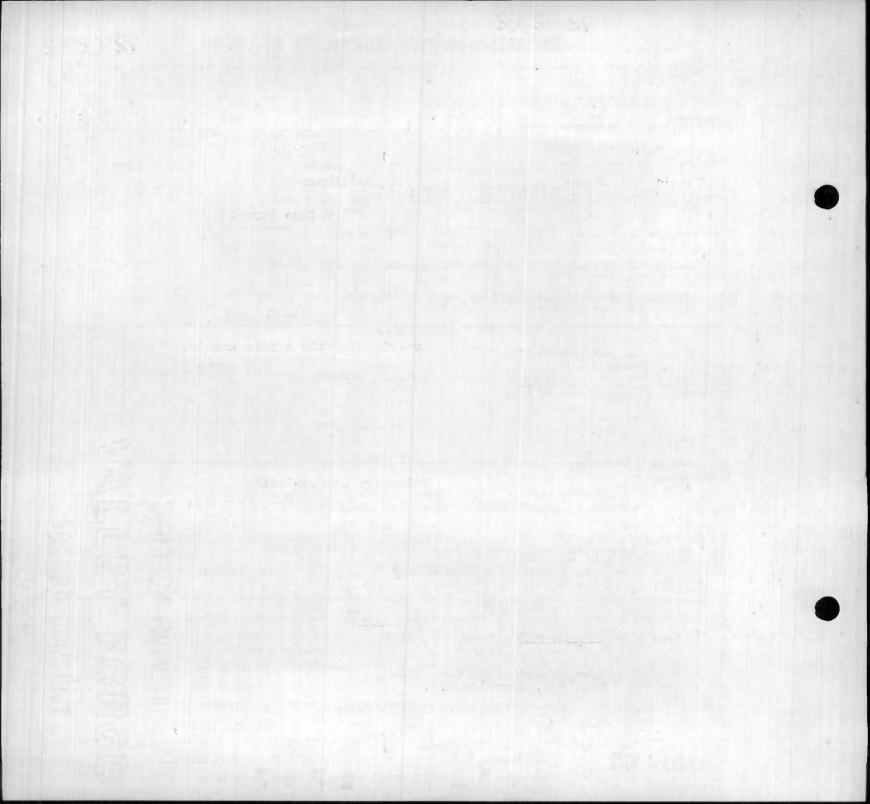
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approved by the chief medical examiner or his assistant if death occurred in a hospital and to the hospital by a medical examiner. Also, if the direct or contributing cause of death fany nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased I (except where the physician who pronounced death was in regular attendance on the j; and (6) No physician was in regular attendance on the deceased prior to death. Such a obtained before the remains are embalmed or final disposition is made.
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<	7 57		5 OME	BALTIMORE CITY	HEALTH DEPARTA	MENT					
BI	RTH NO.	72	0275	1 CERTIFICA	TE OF DEA	TH REG. NO	72 02754				
1.	NAME OF DEC	CEASED				DATE AND HOUR OF DEAT	TR ORTOL				
1	ype ar Print)	rasi	dim	ich		2/11/27	1 21154				
3.	PLACE IN BAL	TIMORE MARYLAND, V	VHERE PRONO	UNCED DEAD	4. USUAL RESIDEN	ICE IWhere deceased lived, II B. COUNTY	institution; residence before admission				
FI	ULL NAME OF OSPITAL OR ISTITUTION	(IF NOT IN HOSPIT	AL OR INSTIT	TUTION, GIVE STREET	Maryland c, City or Town	Frederi	ck 6000				
	Bal	timore City H	ospital	S	Rural Fre	THE PARTY OF THE P	YES NO				
	2 4940	D Eastern Ave	nue		E. STREET AND NU		TES NO				
1	Bal	timore, Maryl	and 212	24	Rt. 7-Bet	thel Road					
5.	SEX	6. RACE	7. MARRIED	NEVER MARRIED							
	Male ,	Caucasin	WIDOWED	DIVORCED	6-2-28	lost birthdoy	Months Days Hours Min.				
10	A. USUAL OCC	UPATION (Give kind of warl working life, even it relired)	108 KIND O	BUSINESS OR INDUSTRY	11. BIRTHPLACE (Sta	te ar foreign country!	12. CITIZEN OF WHAT COUNTRY				
00	Stock (		None		Maryland	1	U.S.A.				
13.	FATHER'S NA	ME			14 MOTHER'S MAI		0.5.A.				
		Daniel (dec)		f		Bertha Orme	2 4 1				
15. (Ye	Was Deceased	Ever in U. S. Armed For	ces?	1 6. SOCIAL SECURITY NO.	17. INFORMANT	1.01.0 84	ADDRESS				
	Yes	Korean Con:		212-24-6702	BCH-RECORDS	4940 Eastern					
	18.			CAUSE OF DEATH	1	Baltimore, M	aryland 21224				
	DISEAS	E OR CONDITION DI	RECTLY				BETWEEN ONSET AND DEATH				
		LEADING TO DEATH		AND MEDIATE CAN	er Golden 1	Wegative Sep.	5/5				
	VIDIS COES NOT MEON THE MADE AT DVING BA										
	heart failure, asthenio, etc. It means the disease, injury or complication which caused death.)										
	1	ANTECEDENT CAUSES		(0)	Rock	de Perment ds	croth				
	DISEASES C	R CONDITIONS, if	ony, giving	(B)DUE TO, OR AS	A CONSEQUENCE OF		37.632				
	rise to the above cause (A) stoling the										
	UNDERLYING CONDITION 10st. (c) Heute hyelo Cyfic Centernin										
ATION	OTHER SIGNIF	II ICANT CONDITIONS COI H BUT NOT RELATED TO TH	NTRIBUTING		Ca	1: 11.44	1:				
ICA1	IDISEASE OR CO	ONDITION GIVEN IN PART	[ ] (A).	***************************************	congr	the Hear I'm					
CERTIFIC	IVAL DATE OF	OPERATION 198 CON	DITION FOR V	WHICH OPERATION	20A. AUTOPSY? (Y	es or No. 208, IF YES, WERE IN CERTIFYING C.	FINDINGS CONSIDERED AUSES OF DEATH?				
CEI	21 A. A CCIDEN	TING CAUSE OF	218.	PLACE OF INJURY (e.g., in	NO NO WHERE						
¥	OR CONTRIBU	TING CAUSE OF medical exemined	- hom	PLACE OF INJURY (e.g., in e, lorm, lociory, street, off	ice bldg., INJURY OC	CUR?	ore City, give exact location)				
EDIC	21D. TIME	(Month) (Doy) (Year									
ME	OF INJURY	trionini (Doy) (reas		INJURY OCCURRED  Not While		DID INJURY OCCUR?					
	(APPROX)		Wor	k At Work		1	1				
	22. I certify	that (H) (this hospital)	attended th	ne deceased from	2/29	197210	3/11/1972				
		lost saw the decease		3/1/	11972	ond that in (hay) (our) ap	inton death occurred on the date				
	ond hour and	from the couses state	ed above. W	(We) (did) (tid-not) vi	ew the hady after	death.					
	23A. SIGNATUI	1000	10	14 -			238 DATE SIGNED				
	)	1.5 Mul	ell-	7 / W/// W//   Dham	ding Med.	r Staff Phys.	3/11/72				
	23C. PHYSICIA NAME (Ty	N'S	/	DEGREE	2D ADDRESS		3/11/12				
	HAME (I)	H. S. Gol	dberg,		491	O Eastern Aven					
24A	BURIAL CREA	MATION, 248 DATE		ME of CEMETERY OF CRE	Bal	ltimore, Maryla					
	REMOVAL (S Burial	pecifyl					City, town, or county) (State)				
		3-13-19 BY HEALTH DEPT.	200	nt Olivet Ceme		1 1 1 1	rederick, Maryland				
			25B. NAME O		25C, FUNERAL DI		ADDRESS				
15	MAR 20	THE RESERVE AND ADDRESS OF THE PARTY OF THE	3 July	KD U	Robert E.	balley & Son P	rederick, Maryland				
15	150-REV. 7/176	8									

come to the first time

BIR	7-40C	)							ERTIFICAT		DEATI	H REG. NO	72	02752
	NAME OF DEC	EASED MARY	COLE					T	OF	vn 🔲	Month	Day	Year	Hour M.
FUL	PLACE IN BAL L NAME OF SPITAL	(IF NO	RYLAND, W TIN HOSPITA SS OR LOCA	L OR INST					3. DATE PRONOUNCED			18,1972		9:10 A.
OR	B 7 ME	RCY HOS	SPITAL						A. STATE Mar	yland		ed. If Institution: B. COUNTY	residence	belare odmission)
6.	Female	7. RACE Ne	gro	B. MARR			MARRIED [		c. city or town Baltimore			D. INSIDE CIT		NO 🗆
9. [	ATE OF BIRT	1	10.AGE (Ir last birthda				f Under 24 Hrs Haurs   Min		e. STREET AND NU 924 Wats		reet			
	BIRTHPLACE(S Virg	inia			W	IZEN O	UNTRY?		13. FATHER'S NAM Clinto	n F	ields			
14A don	USUAL OCCU	orking life, ev	e kind af work en if retired)		of BL	ISINESS	OR INDUSTR	RY	Margar		ΛE			
16. (Ye	WAS DECEAS , no or unknown)	(If yes, give w	U.S. ARMED	FORCES of service	) 1	7. SOCI	IAL JRITY NO.		Mr Benj		Cole		DRESS	Tidle.
ATION	(This does n heart failure injury or con AN DISEASES ( RISE TO THE UNDERLYIN	E OR COND LEADING TO out mean the out mean t	DEATH made of dy . It means the th caused dec CAUSES ONS, IF ANY USE (A) STA' ON LAST.	Ing, e.g., diseose, oth.) , GIVING TING THE	ING	(	B)	R A	S A CONSEQUENCE	OF:				
CERTIFICATION	DISEASE OR	CONDITION  OPERATION	GIVEN IN PA	ART 1 (A)		нісн о	***********	******	ary tuberc	ulosi	5		21. AUT	OPSY? (Yes or No)
MEDICAL	UNDERLYING CA 22D. TIME OF INJURY (APPROX.) 23.	USE OF DEA (Manth) (D ify that I have ded from: N URE RCS RC	TRIB- TH. Pay) (Year	nquiry [	m. WC	Inspect	r OCCURRED NO AT Suici	T V	WHILE DRK ond	that on the	JURY OCCU nis basis, Undetermin XAMINER		opinIon	DATE SIGNED
	A. BURIAL CREAMOVAL (Special Buria	MATION, 2	4B. DATE 3/23/	72	24C.	eren.			Cemetry		altim	(City, town		(Stote)
25.	MAR 20		DEPT	25B N	AME C	F REGI	STRAR		25C FUNERA Adolp	hus	Halst	ead 12	OG W	north Ave

VS 151-REV. 1/1/6B

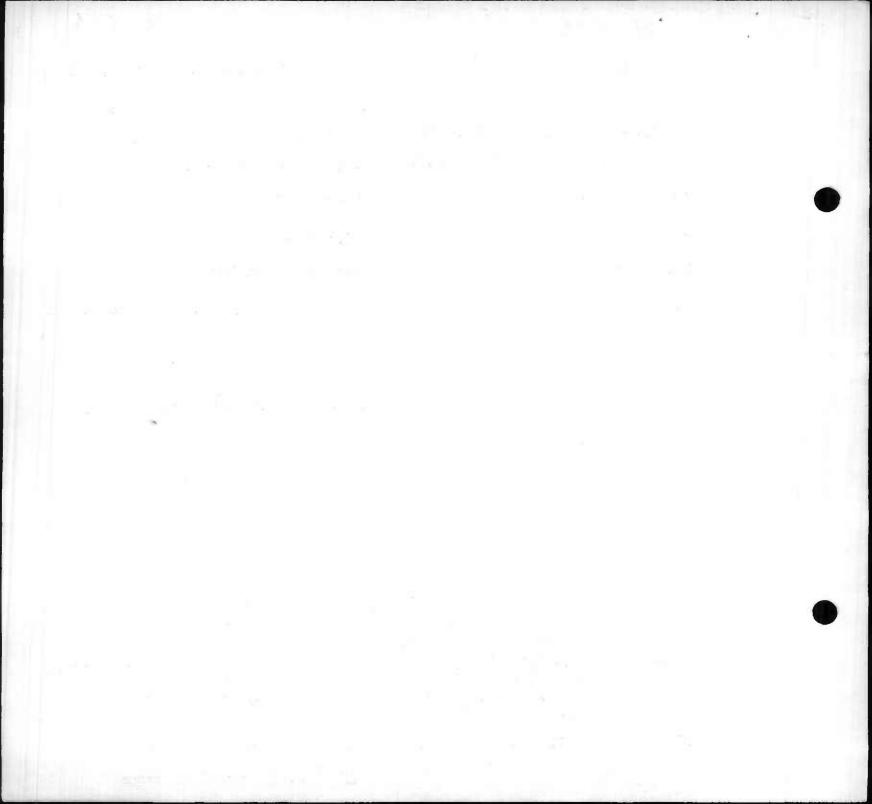


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	RTH NO.		: 02	753			CERTIF	ICA	TE C	OF DEA	TH	REG. NO.	14	02100	
	Pe or Print		SED				. 1 -			2, D	ATE AN	ID HOUR OF DEAT	Н		
1 2	DI A CE IN	Ui	nce		T. 1	Ja.	csigli	a	O a steri		3/1	7/72		15:25	P. M.
"	PLACE IN	BALIIN	ORE, MA	RYLAND, W	MERE PRO	NOU	NCED DEAD		A. STA	TE RESIDENCE	COUN		institution:	residence before	odmission)
FL	JLL NAME	OF	(IF NOT	IN HOSPIT	AL OR IN	STITU'	TION, GIVE STREET	ET	M	<u>d</u> ,		Howard		0.5%	0
IIN	STITUTION								C, CITY	OR TOWN	icot	to City D. II	VSIDE CITY	_	
1	5								XXXXX	ET AND NUM	XXXXX	NO N	YES -		
	Son	8	ecou	275	Ho	SP	ital		DE	DODOTOXX	29 XXXXX	41_Normand	y Dri	ve, Ellic	ott Cy
5.	SEX	6.	RACE		7- MARR	IED [	NEVER MARRIE	D 🔲	8. DATE	OF BIRTH		9. AGE (in years last birthday)			er 24 Hrs. Min.
L	Male	- (	Lauc	asian	WIDOY				1/1	8/19	- 1	53			7 4 3 1 1 4
do	ne during me	OCUPA ost of work	TION (Give	kind of work on il retired)	10B, KIND	OF	BUSINESS OR INC	USTRY	11. BIRT	HPLA CE (Stoto	or forei	gn country)	12. Ct1	IZEN OF WHAT	COUNTRY
0	3- 17	-En	play	ed	Lex	. (	larket		N	aryland			U	SA	
13.	FATHER'S	NAME	1	(decea					14. MO	THER'S MAID	EN NA	ME deserve			
10	Ln+1	100	ev	Mar		tic	•		Ca	rmel	ta	(deceased	191		
15. (Ye	Wos Dece	ased Ev	r in U. S.	Armed Forward of dote	s of service	ce)	6. SOCIAL SECURITY NO.		17. INFO	RMANI		Marsiglis,	2014	Normandy	Dm
	no						013-34-	1169	XXXX	CXXXXXXX	(IXXX)	OCTOOCOCY C	OXXXXXX	xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx	XXXXXX
	18.	03	2. 2	1			CAUSE OF			V +4 94 -4-4-4	-	A CLASSICAL COLLEGICAL	part Co-19	APPROXIMATE I	MITERVAL
	DI			ITION DIE	ECTLY					1	0	++	1	SETWEEN ONSET	AND DEATH
	(This do			DEATH mode of	dvina		(A)IMMEDIA			Termer	127	slove of	mall	mancy	
	heart fai	lure, asl	henia, elc	. It means ch caused	the dise	ose,	DUE TO,	OR AS	CONSE	QUENCE OF:					
		ANT	ECEDEN	CAUSES			m P	poil	le .	Compho	ma				
	DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS A CONSEQUENCE OF:  iso to the abave cause (A) stating the														
			ONDITIO		staling	the	(c)								
			11				(0)								
NO NO	OTHER SI	GNIFICA	NT CONDI	TIONS COL	VTRIBUTIN	1G									
¥	DISEASE	OR CON	DITION GIV	LATED TO THE	1 (A).										
CERTIFICATION	19A-DAT	E OF OP	ERATION	WAS PERF	ORMED	OR WI	HICH OPERATION		20A.	AUTOPSY? (Ye:	s or No	IN CERTIFYING	E FINDING	CONSIDERED DEATH?	
11	21A, ACC	JOENT V	WAS UND	ERLYING		21 B. P.	LACE OF INJURY	(e.g., in	or obou	21C. WHERE	DID	(II In Boltin	ore City, gi	ve exoct location)	
MEDICAL	DEATH (	notify me	dicol exom	ined		etc.)	iom, lociory, si	reet on	ico biag.	INJURY OCC	:UK?	/			
100	OF INJU	E (M	onth) (De	oy) (Yeor)	(Hour)	21 E. I	NJURY OCCURRI	D		21F. HOW D	ID INJ	URY OCCUR?			
1	IAPPROX.					While Work	AI N	While							
-	22. 1 cer	tify the	t (1) (this	s hospital'	attende		deceased from		8-1	0-197	2 1	9ta5	-17 -	1978	
				e decease			3-17-72					at In (my) (aur) a			
							(We) (did) (did					a intmat (ant) a	human aea	in accurred an	The date
	23A. SIGN		1.			. (.,	(me) (utu) (utu	1017 11	OM THE	budy direr d	eum.	*	238. DA	TE SIGNED	
			Vila	wen	Thite	มานาง	im.	Di	ding _	Med. Director		Staff Phys.	/	-17-72	
	23C.PHYS	ICIAN'S			1 70000		DEGRE		3D. ADD			rnys, cas		-1/	
1	NAN	tr trypes	Vila	aivum (	Chiti	var			Bon	Secour	Hos	oital	4		
24/	BURIAL	CREMA	10N, 24B	. DATE	240	. NAA	AE of CEMETERY	of CRE					City, town,	or county)	(Stote)
	Buria	_	,	/21/72	N	eu e	Cathedral	Com	eter	,,	p. 1.	timono M-	m==7 = == 3		
25/	A. DATE RI	C'D BY	HEALTH	DEPT.	25B. NAA	AE OF	REGISTRAR	3	25C.	FUNERAL DIR	ECTOR	timore, Ma		ADDRESS	
	N	IAR 9	.0 197	12 Res	Bas E	VIII.	Bu MD.		) WI	tzke, 1	6300	Edmondson	Avenue	21228	
VS	150-REV.														

Charles Statistical and annual value of

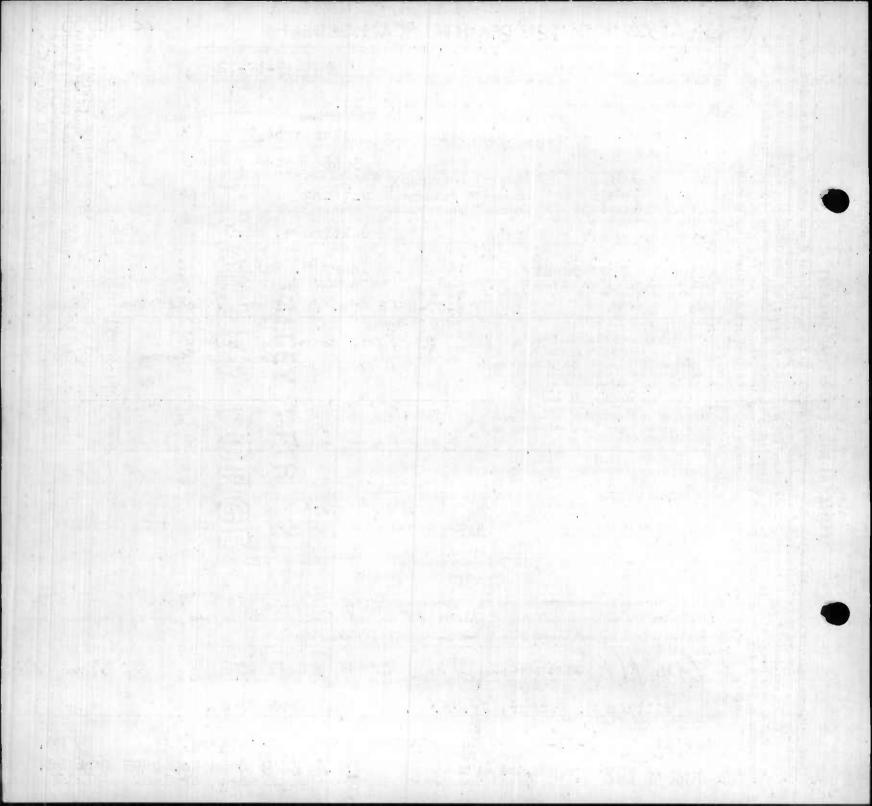
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a h
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of deat shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Decease was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Suc written approval must be obtained before the remains are embalmed or final disposition is made.
De Contraction
e bo ows ows as D
<b>******</b>

'wa come i	BALTIMORE CITY	HEALTH DEPARTMENT		מס המשבע	
BIRTH NO. 72 02754	CERTIFICA	TE OF DEATH	REG. NO	72 02754	
1. NAME OF DECEASED (Type of Print) Raymond R. N	loore	2. DATE AL	NO HOUR OF DEATH	972   11 58	- 0.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUN	NCED DEAD	4. USUAL RESIDENCE (Whe	re deceased lived, If is	nstitution: residence befor	a admission
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUT	TON, GIVE STREET	Md		27	16
INSTITUTION	R-11	C. CITY OR TOWN	D. INS	IDE CITY LIMITS?	
Sinai Hosp. of	13416,	Baltimore		YES X NO	]
To Baltimore Md	. 21215	3305 Woodland	Avenue 21	215	
M Cau WIDOWED	NEVER MARRIED NO DIVORCED	8. DATE OF BIRTH	9. AGE (In years lost birthdoy)	If Under 1 Yr. II U Months Doys Hours	nder 24 Hrs Min.
10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF B	USINESS OR INDUSTRY	11. BIRTHPLACE (State or lare	ign country)	12 CITIZEN OF WHA	COUNTR
none		Maryland		USA	
13. FATHER'S NAME		14. MOTHER'S MAIDEN NA	ME		
Earl Moore		Leona Moore(	Cuminev)		
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or doles of service)	6. SOCIAL	17. INFORMANT	J	ADDRESS	
No	SECURITY NO.	Cathryne Phife	ກ <b>31</b> 2 F ∩າ	from St O1	202
18. 7 44 7	CAUSE OF DEAT		1, 212 2. 03	APPROXIMATI	
DISEASE OR CONDITION DIRECTLY			. /	BETWEEN ONSE	
LEADING TO DEATH	(A)IMMEDIATE CAL	ISE Congestiv	e horat	6011900	
(This does not meon the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,		A CONSEQUENCE OF:	- reary 7	UNDIC	
injury or complication which caused death.)		1 /	101		
ANTECEDENT CAUSES	(0) / 10)	soc taction of	1. Hosta	7	
DISEASES OR CONDITIONS, il ony, giving	DUE TO, OR AS	A CONSEQUENCE OF:	1100	<u></u>	
rise to the above cause (A) stating the UNDERLYING CONDITION last.	(a)	/			
	(c)		*******************************		
O THER SIGNIFICANT CONDITIONS CONTRIBUTING					
TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	***************************************				
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  1994 DATE OF OPERATION 1998 CONDITION FOR WH WAS PERFORMED  214. ACCIDENT WAS UNDERLYING 1	ICH OPERATION	20A. AUTOPSY? (Yes or No		FINDINGS CONSIDERED	
WAS PERFORMED		YPS	IN CERTIFYING CA	USES OF DEATH?	
21A. ACCIDENT WAS UNDERLYING 21B. PI OR CONTRIBUTING CAUSE OF DEATH Incitify medical examines etc.)  21D. TIME (Month) (Doy) (Year) (Hous) 21E. IN White	ACE OF INJURY leag, it larm, lactory, street, of	or about 2) C. WHERE DID	(If In Boltimor	e City, give exact location	)
OF INJURY (Month) (Day) (Year) (Hous) 21E th	JURY OCCURRED	21F. HOW DID INJ	URY OCCUR?		
(APPROX.) While Work					
22. I certify that ( (this hospital) attended the	☐ At Work	5/12		5/1	
that (we) last saw the deceased alive on	deceased from	/ - >	9 /2 10 -	5/15	1922
	6/15	19ond the	at in (my) (aur) api	nion death accurred a	n the date
and haur and from the causes stated above.	Mol (qiq) (qiq) A	lew the body after death.		/	. ,
23A. SIGNATURE	A440	odina — Asad —	c. n -1/	238, DATE SIGNED	/_
Illiand a althou	DEGREE Phys		Staff Phys.	0/15/	72
23C. PHYSICIAN'S NAME (Type) MONNIS OST	to fly	and h	Cop.	///	
24A. BURIAL CREMATION, 248. DATE 24C. NAM REMOVAL (Specify)	E OF CEMETERY OF CRE	MATORY 24D. LO	CATION (Cit	y, town, or county)	(State)
	aine Park Ce	metery Ral	timore, Mar	vland	
25A. DATE REC'D BY HEALTH DEPT.   25B. NAME OF	REGISTRAR	25C. FUNERAL DIRECTOR	talle, rai	ADDRESS	
MAR 2.0 1972 Resease & Ja	Bei MA	1 Ditzke, 1163	) Edmondson		
VS 150-REV. 1/1/6B	and the second s	TOTAL TION	Bumonuson	wallne.	



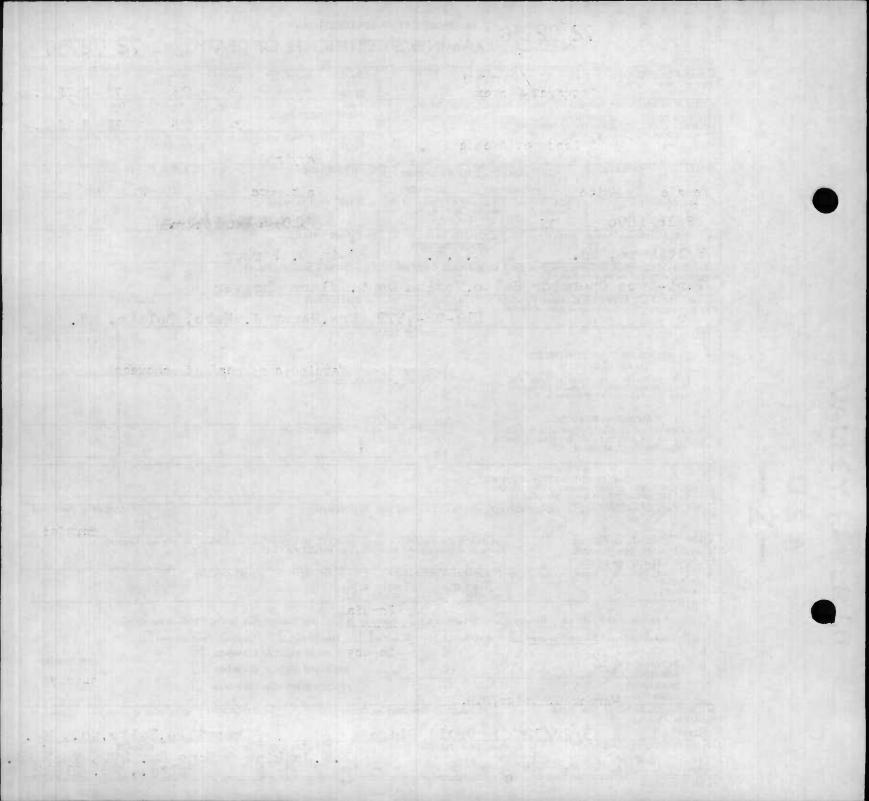
1	BALTIMORE CITY	HEALTH DEPARTMENT
ched the	72 02755 CERTIFICA	TE OF DEATH REG. NO. 72 02755
5 D S + D	1. NAME OF DECEASED (Type or Print)	2. DATE AND HOUR OF DEATH
of de on other.	M. Loretta Geraghty	3-17-72   7-P.M.
haspit ise of (5) De ance death	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD  FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	A. STATE B. COUNTY Md.
	HOSPITAL OR ADDRESS OR LOCATION)	C. CITY OR TOWN D. INSIDE CITY LIMITS?
in attended	4 Union Memorial Hospital	Baltimore YES X NO C
ed er	5. SEX 6. RACE 7. MADDIED 7 NEVED MADDIED 7	3606 Monterey Road
trib min gul	5. SEX   6. RACE   7. MARRIED   NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years lost birthdoy) 9. AGE (In years Months; Doys Hours; Min.
can can leter n re ecea	done during most of working life, even if retired)	War A
S id	Transfer Agent Stock	Baltimore, Md. USA
if de ect t) Ur was the pasi	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
S	Michael J. Geraghty	Mary E. Reilly
stant ind; eath e an		17. INFORMANT ADDRESS
kir kir de de		Mrs. Kathleen G. Heckrotte Same
s ass any ced ndan	18. CAUSE OF DEATH	APPROXIMATE INTERVAL
	DISEASE OR CONDITION DIRECTLY	D 2 corros ous acteris
Alsa e of e of naun atte	LEADING TO DEATH	De coronary artery sever 10 yrs
o con	(This does not mean the made of dying, e.g., DUETO, OR AS A heart failure, asthenia, etc. It means the disease,	A CONSEQUENCE OF:
ne n	injury or complication which caused death.)	
fre	ANTECEDENT CAUSES (8)	
A Why who	DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS	A CONSEQUENCE OF:
(3) es	UNDERLYING CONDITION last. (C)	
lice cal cal icic as		
odi odi ys w	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL	
y by	DISEASE OR CONDITION GIVEN IN PART 1 (A).	
chie Bad the ysic e th	198. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
he ph ph	U 21A. ACCIDENT WAS UNDERLYING   21B. PLACE OF INJURY (e.g., in barne, form, loctory, street, of	n or obout 21 C. WHERE DID (If in Boltimore City, give exact location) fice bidg., INJURY OCCUR?
> ± 0 + Z -	DEATH (notify medical examiner) etc.)	
ed b nosp atur pt w (6)	OF INJURY  (APPROX.)  OMETICAL STREET CONTROL OF INJURY  (APPROX.)  OMETICAL STREET CONTROL OF INJURY  (APPROX.)  OMETICAL STREET CONTROL OF INJURY  (APPROX.)	21F. HOW DID INJURY OCCUR?
	(APPROX) Work At Work	
×	22. I certify that (1) (this hospital) attended the deceased fram	dug. 1956 to Mar. 1972.
0 0	that (1) (30) last saw the deceased alive an . 25	19 72 and that in(my) (cor) aplnian death accurred an the date
00-	and haur and fram the causes stated above. (1) (We) (did) (did nat) v	iew the bady after death.
dent a aspita death must b	23A, SIGNATURE	23 B, DATE SIGNED
J 0 .= .= .	Dhim	nding Med. Shaff 20 Mar. 1972
9 2 5	DEGREE	23D. ADDRESS
was r An a Driar		6011 York Road
# (2) 7 6	William H. Kammer, Jr. M. D. EGREE 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CRE	
body was ws: (1) An D.O.A. a eased pric	REMOVAL (Specily)	
s be	Burial 3-21-72 New Cathedral (25A. DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR	Cemetery Baltimore, Md.
This cert the bod) shaws: ( was D.O decease written	MAR 20 1972 Robert E. Ferger, & D. O O	H.W. Jenkins Sons Co. 4905 York Rd.

B. DATE SIGNED 20 Mar. 1972 24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify) 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) (Stote) ADDRESS REC'D BY HEALTH DEFT. 258. NAME OF REGISTRAR PLANTS ADDRESS ROOM 1972 PLANTS ADDRESS ROO



P. 626

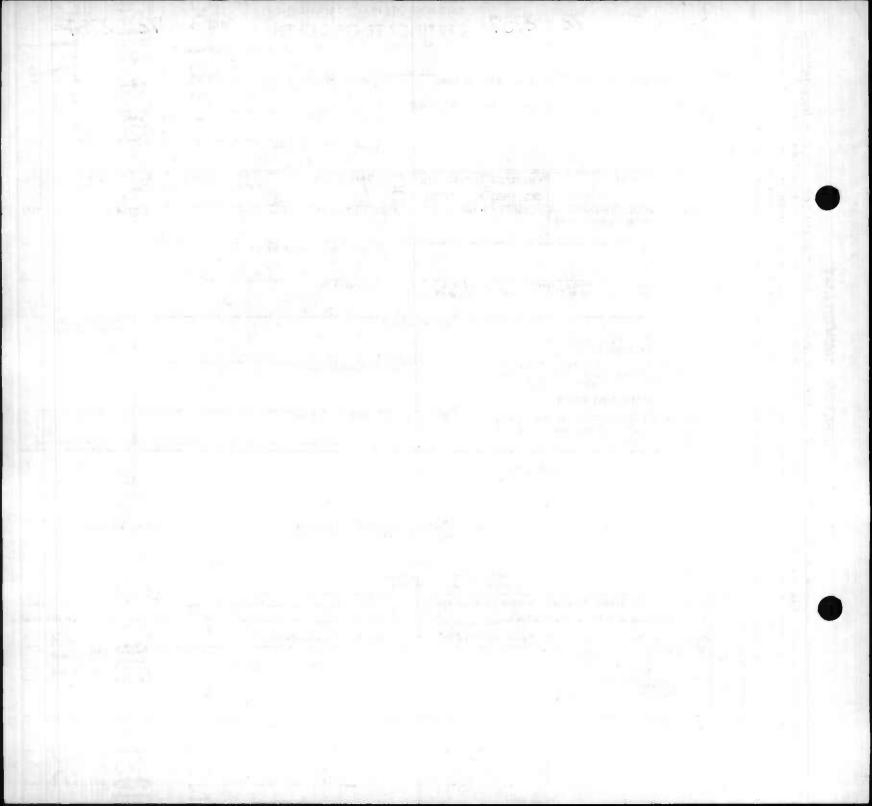
72 02756 BALTIMORE CITY HE	ALTH DEPARTMENT
-/60 "MEDICAL EXAMINER'S C	CERTIFICATE OF DEATH REG. NO. 72 02756
1. NAME OF DECEASED /Parker	2. DATE Known & Month Day Year Hour
Margaret Shaver	OF DEATH Estimoted 3 16 72 8:25 P. M.
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Doy Year Hour
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL ADDRESS OR LOCATION) OR INSTITUTION	PRONOUNCED DEAD 3 16 72 8:25 P. M.
823 Beaumont Avenue	5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE B. COUNTY
6. SEX 7. RACE 8. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE CITY LIMITS?
Female White WIDOWED DIVORCED	Baltimore YES NO NO
9. DATE OF BIRTH 10. AGE (in years If Under 1 Yr. II Under 24 Hrs. Months, Doys, Hours, Min.	E. STREET AND NUMBER
12/16/1896 75	5510 Roland Ave.
11. BIRTHPLACE(State or foreign country) 12. CITIZEN OF	13. FATHER'S NAME
Baltimore, Md. WHAT COUNTRY?	
14A.USUAL OCCUPATION (67% kind of work 148. KIND OF BUSINESS OR INDUSTRY	Edwin L. Parker
done during most of working life, even if retired)	
Vari-type Operator Balto. Health De	
16. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL SECURITY NO.	18. INFORMANT ADDRESS
No 213-02-4577	Mrs. Nancy J. Hebb, Belair, Md.
19. CAUSE OF DEAT	TH APPROXIMATE INTERVAL
	BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY	
LEADING TO DEATH  (This does not mean the mode of dying, e.g.,  (A) IMMEDIATE C. OR A  DUE TO OR A	AUSE Carcinoma of head of pancreas
medit tollore, usinelliu, etc. il illeulis ille diseuse,	AS A CONSEQUENCE OF:
injury or complication which caused death.)	
ANTECEDENT CAUSES (0)	
	AS A CONSEQUENCE OF:
RISE TO THE ABOVE CAUSE (A) STATING THE	
UNDERLYING CONDITION LAST. (c)	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  20A. DATE OF OPERATION   20B. CONDITION FOR WHICH OPERATION WA	AS PERFORMED 21. AUTOPSY? (Yes or No)
O SOUTH OF EXAMENT OF	21. AUTOPSTY (188 01 10)
	Partial
22A. EXTERNAL CAUSE WAS 22B. PLACE OF INJURY (e.g.,	In or obout 22C, WHERE DID (II in Soltimore City, give exect location)
UNDERLYING OR CONTRIB. home, form, foctory, street, office UTING CAUSE OF DEATH.	e bidg., etc.) INJURY OCCUR?
22D. TIME (Month) (Doy) (Yeor) (Hour) 22E.INJURY OCCURRED	22F. HOW DID INJURY OCCUR?
OF INJURY	WHILE C
m. WORK AT W	
23.  I certify that I held an Inquiry Inspection Aut	ertial apsy K and that an this basis, death in my apinian
resulted from Natural causes Accident Sutota	
10 //	PUTY CHIEF MEDICAL EXAMINER X
ACTUAL ///C	DATE CICALED
SIGNATURE M.D.	ASSISTANT MEDICAL EXAMINER
EXAMINER'S	ASSOCIATE MEDICAL EXAMINER   3-17-72
NAME (Type) Werner U. Spitz M.D.	
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY ( REMOVAL (Specify)	ar CREMATORY 24D. LOCATION (City, town, or county) (State)
Burial 3/20/72 Druid Ridg	Pikagrilla Palta Ca Ma
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	Pikesville, Balto, Co., Md.
	H.W. Jenkins & Sons Co. 4905 York Rd
MAR 20 19/2 Valled & Jaken & 1	9 7 5 Balto . Md. 21212
	Daloo, Hu, Elele



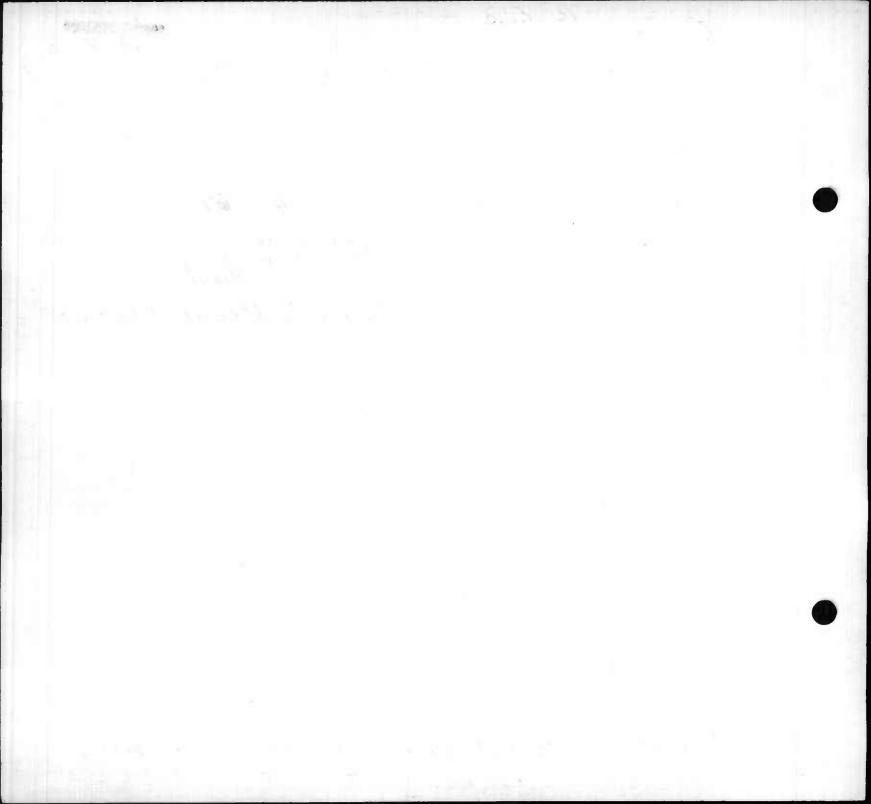
## FUNERAL DIRECTOR: IMPORTANT

Such r if death occurred in a hospital and irect or contributing cause of death (4) Undetermined cause; (5) Deceased 00 death. ance attend 0 prior regular disposition is mad deceased E SD M the direct assistant 6 death kind; final attendance fracture of any pronounced 10 embalmed 10 examiner. regul who are 4 ව = physician the remains Was a medical No physician Body the before any nature; (2) where to the hospital approved by obtained 9 (except and eath); pe 0 hospital the body was released must accident must 0 10 approval 0 prior This certificate to An 4 shows: (1) pesmese D.O.1 written SID

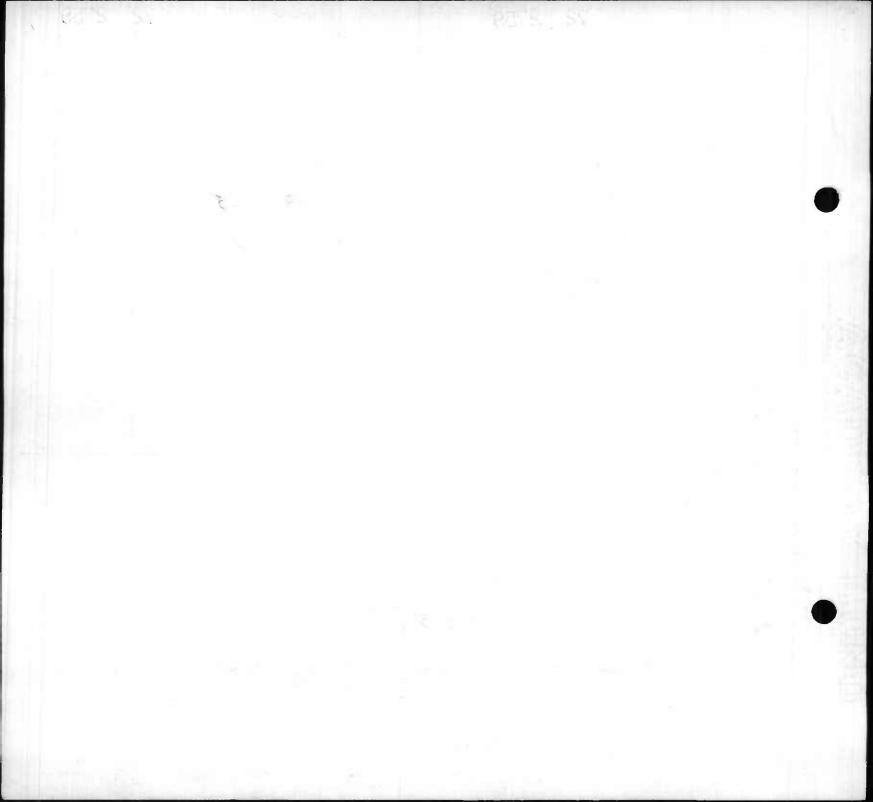
BALTIMORE CITY HEALTH DEPARTMENT 72 02757 CERTIFICATE OF DEATH REG. NO. I, NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) 4. USUAL RESIDENCE (Where deceased lived, If institution; residence 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD B. COUNTY A. STATE FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) C. CITY OR TOWN D. INSIDE CITY LIMITS? YES N NO E. STREET AND NUMBER 8. DATE OF BIRTH 9, AGE (In years lost birthday) If Under 24 Hrs. 5. SEX 6. RACE Months! Doys NEVER MARRIED · MARRIED Hours WIDOWED 10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11 B BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if refired) 0 13. FATHER'S NAME MOTHER'S MAIDEN NAME 15. Was Deceased Ever in U. S. Armed Forces? (Yes,no or unknown) (If yes, give war or dates of service) 17. INFORMANT ADDRESS & SOCIAL SECURITY NO. APPROXIMATE INTERVAL
BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH anhy thund (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, DUE TO, OR AS A CONSEQUENCE OF: injury or complication which caused death.) ANTECEDENT CAUSES (B) DUE TO, OR AS A CONSEQUENCE OF: DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION lost CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 208, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 19A-DATE OF OPERATION 198 CONDITION FOR WHICH OPERATION WAS PERFORMED 20A. AUTOPSY? (Yes or No) 218 PLACE OF INJURY (e.g., in or about 21C WHERE DID home, form, factory, street, office bldg, INJURY OCCUR? ofc.) 21 A. A CCIDENT WAS UNDERLYING TO CONTRIBUTING CAUSE OF (If In Boltimore City, give exact location) MEDICAL DEATH Inotify medical examined 21D. TIME OF INJURY [Month] [Doy] (Yeat) (Hous) 216 INJURY OCCURRED 216. HOW DID INJURY OCCUR? Not While While At IAPPROX. At Work Work 22. I certify that (1) (this hospital) attended the deceased from Marga and that In (my) four ppinion death occurred an the date that (I) (we) last saw the deceased alive an and hour and from the causes stated above. (1) (We) (did not) view the body after death. 23A. SIGNATERE 23B. DATE SIGNED Attending Phys. Med. Director 23D. ADDRESS 23C. PHYSICIAN'S NAME (Type) DEGREE 24A. BURIAL CREMATION, 24CONAME OF CEMETERY OF CREMATOR) (State) town, or county! ADDRES: 258 NAME OF HEALTH DEPT. 25C. FUNERAL DIRECTOR 1701 Laurens Street (21217) MORTON AND DYETT VS 150-REV. 1/1/68



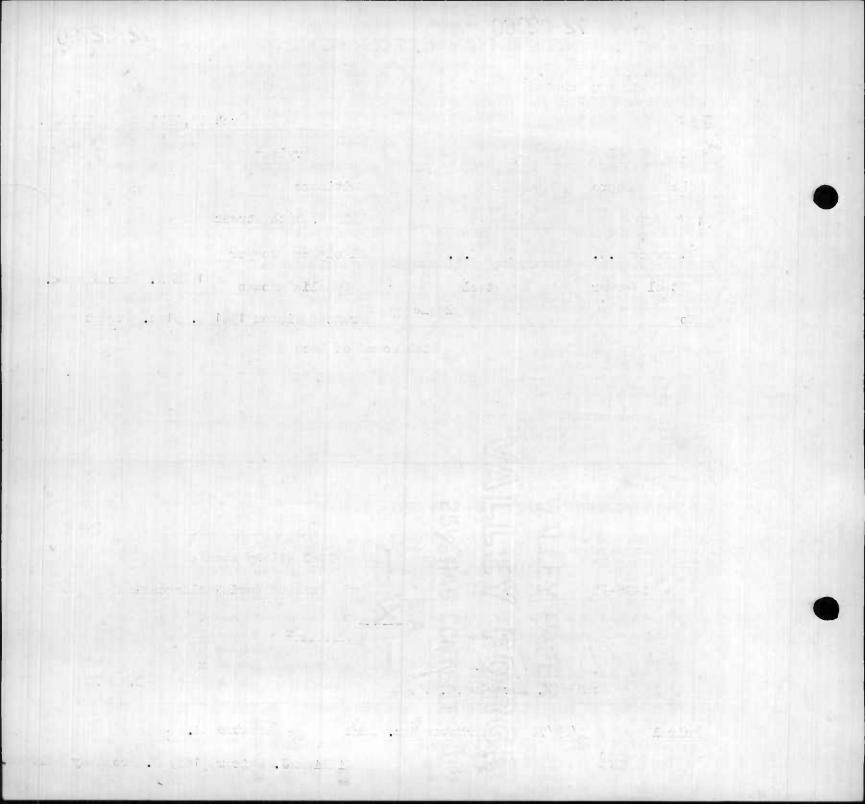
	4/12 72 02758	BALTIMORE CITY	HEALTH DEPARTMENT		
	BIRTH NO.	CERTIFICA	TE OF DEATH	REG. NO.	70 0000
	1. NAME OF DECEASED	ela	2, DATE AN	ID HOUR OF DEATH	1E UE 158
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCE	2 C.	A USUAL RESIDENCE (Who	3/16/12	10 Och.
	FULL NAME OF HE NOT IN HOSPITAL OR INSTITUTOR		A. STATE B. COUN	TY	Illution: residence before odmission)
Ì	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION ADDRESS OR LOCATION)	N, GIVE STREET	C. CITY OR TOWN	D. INSIE	DE CITY LIMITS?
?	+BON Secours Hospi	1/	E. STREET AND NUMBER		YES NO
	TOOK SCEARS THOSE	122	1933 Lay	reff a	(ver)ue
	5. SEX 6. RACE 7. MARRIED N	EVER MARRIED	8. DATE OF BIRTH	9. AGE (In years last birthday)	if Under 1 Yr. Il Under 24 Hrs. Months Doys Hours Min.
	10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUS)	DIVORCED I	11. BIRTHPLACE (State for force	67	
	done during most of working life, even it retired)	_	/		12. CITIZEN OF WHAT COUNTRY?
	13. FATHER'S NAME	-	UN CHOWN		U.S.H.
	William Cole		Theogracia	Untl	a say que, a of the
		SOCIAL SECURITY NO.	7. INFORMANT	1/2	ADDRESS 41
	18. 4 6 6 6	CAUSE OF DEATH	TheodociA K	lebure-	1933 houvella
	DISEASE OR CONDITION DIRECTLY	CAUSE OF DEATH	4	,	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	LEADING TO DEATH This does not mean the mode of dying, e.g.,	(A)IMMEDIATE CAUS		le abseis	mar thank days.
	heart failure, asthenia, etc. it means the disease, injury ar camplication which caused death.)	DUE TO, OR AS A	CONSEQUENCE OF:		,
	ANTECEDENT CAUSES	(0)	Unnary fract	t interpen	Han 4 days
	DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stoting the	DUE TO, OR AS	CONSEQUENCE OF:		1
	UNDERLYING CONDITION last.	(c)			***************************************
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING				
	☐ IO THE DEATH BUT NOT RELATED TO THE TERMINAL  ✓ IDISEASE OR CONDITION GIVEN IN PART 1 (A)				
1	19A-DATE OF OPERATION 19B. CONDITION FOR WHICH WAS PERFORMED  21A-ACCIDENT WAS UNDERLYING [1] 22B BLAC	1 OPERATION	20A. AUTOPSY? (Yos or No)	IN CERTIFYING CAU	NDINGS CONSIDERED SES OF DEATH?
	OR CONTRIBUTING CAUSE OF	E OF INJURY (e.g., in	or about 21 C. WHERE DID	(II to Boillmore	City, give exect locotion)
	DEATH Inotity medical examined		-		
	₹ OF INJURY (APPROX) White At	RY OCCURRED Not While	21F. HOW DID INJU	IRY OCCUR?	
	22. I certify that (1) (this hospital) attended the dec	At Work	3/12/22 1	5/	12/
	that (1) (we) last saw the deceased alive an	3/16/72	/ / / / / / / / / / / / / / / / / / / /		an death accurred on the date
	and haur and fram the causes stated above. (1) (We)	) (did) (did nat) vie	w the bady after death.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	an death accounce on the date
	23A. SIGNATURE Thursday Charges	Attend	ling Med. T	Shaff (C)	38. DATE SIGNED
	23C.PHYSICIAMCS NAME (Typo)	DEGREE Phys.		hys.	2/16/72
	YUNYONG YUN	JONGYING	Bon Secur	us Kosint-	
	REMOVAL ISPORTY 24B. DATE 24C. NAME	CEMETERY OF CREM		-//-	town, of country (Stote)
	2) W 12 3 21-72 W+	· Hubure		Homore	Md,
	MAD ON 1072 O C 2 C	ISTRAR 1	MORTON AND DY	ETT 1701 La	urens Street(21217)
11	75 150-REV. 177/68	-	T. ALLI OIL THE DI	1701 La	di clis 5 di ccc(21217)



		8-255 72 02759 BALTIMORE CITY	72 02759
	BIR		TE OF DEATH REG, NO.
		NAME OF DECEASED	2. DATE AND HOUR OF DEATH
	3.	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	MARCH, 16 1974 230 P. M.
			4. USUAL RESIDENCE (Where decreased lived, If institution: residence before admission) A. SPATE  8. COUNTY
	HC	ILL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET DOMINATION GIVE STREET STITUTION	CCITY OR TOWN
-	D	SINAI HOSPITAL OF	DA 1 TO YES X NO T
	-		E. STREET AND NUMBER
de.	5. 5	BALTIMORE INC.	3216 MILFORD MILL Rd. #7
mad		6. RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED	8. DATE OF BIRTH 9. AGE (in years   If Under 1 Ye. If Under 24 Hrs. Months Doys Hours Min.
n is	10A		
disposition		Ketwed Deth Steel	Spekson Springs NC U.S.A.
pos	13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME
dis		WACK DUCHAWAN	MARY DuchANAN
=	(Yes	Was Deceased Ever in U. & Armed Forces?  s,no or unknown) [If yes, give war or dates of service]   SECURITY NO.	17. INFORMANT ADDRESS
fin		213-61-7322	Elizabeth Dichawan -3216-MiltordAu
0		DISEASE OR CONDITION DIRECTLY	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
Dem.		LEADING TO DEATH	SE HEPATIC FAILURE 12 days
pal		heart failure, asthenia, etc. It means the disease,	A CONSEQUENCE OF:
eme		injury or complication which caused death.)  ANTECEDENT CAUSES	14040 05 745 11450 7 11
are		(B) CTRC	A CONSEQUENCE OF:
15 0		rise to the abave cause (A) stating the UNDERLYING CONDITION tast.	
ig.	-	II (	
Len Len		OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL	
he	FICA	DISEASE OF CONDITION GIVEN IN PART 1 (A). 194- DATE OF OPERATION 198 CONDITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED
0/	ERTI	3 15 72 WAS PERFORMED BIOPSY	IN CERTIFTING CAUSES OF DEATH?
before the remains	AL C	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in home, form, foctory, street, off	or obout 21 C. WHERE DID (If In Boltimore City, give exact location)
P	2	DEATH (notify medical examines) elc.)  21D-TIME (Month) (Day) (Yearl (Houst 21E INJURY OCCURRED	
ained	5	OF INJURY  (APPROX)  While At   Not While	21F. HOW DID INJURY OCCUR?
bta		Work At Work  22. 1 certify that (I) (this haspital) attended the deceased from 3	
0		that (i) (we) last saw the deceased alive on 3	19 72 and that in(my) (our) opinion death accurred as the death
م ا		and haur and from the causes stated above. (1) (We) (did) (did not) vi	
must		23A. STGNATURE	238 DATE SIGNED,
		Phys	Iding Med. Staff B 3 16 72
70		NAME (1) year	3D. ADDRESS
approval	24A	DANIEL W. MIRELMAN M.D. GERRELE PAR MANAGE CEMPTER CORE	SIMAI HOSPITAL
	1	REMOVAL (Specify) 2 55-05 (2)	
written	25A	DATE REC'D BY HEALTH DEPT. 258, NAME OF REGISTRAR	25C FUNERAL DIRECTOR 1701 LAURENCE S+ ADDRESS
3		MAR 20 1972 Range & Jakon MD	MODEON & DARTT I/OI Lawrens St.
4.5	VS 1	150-REV. 1/1/68	HORFOR & DIETT Baltimore, Maryland21217



	EALTH DEPARTMENT
MEDICAL EXAMINER'S	CERTIFICATE OF DEATH REG. NO. 72 02760
BIRTH NO.	REG. NO.
1. NAME OF DECEASED (Type or Print) TOURDAY GOODED	2. DATE Known Month Doy Yeor Hour
JOHNNY COOPER	DEATH Estimoted . M.
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	PRONOUNCED DEAD North Doy Year Hour
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	March 19, 1972 2:30 A. M.
OR INSTITUTION	5. USUAL RESIDENCE (Where deceosed lived, If Institution: residence before odmission) A. STATE B. COUNTY
UNION MEMORIAL HOSPITAL	Maryland 706
6. SEX 7. RACE 8. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE CITY LIMITS?
Male Negro widowed □ DIVORCED	
9. DATE OF BIRTH 10. AGE (In years   If Under 1 Yr, If Under 24 Hrs   Months; Doys; Hours; Min	E. STREET AND NUMBER
10/29/27 45	1820 E. 30th Street
11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF	13. FATHER'S NAME
Florence S.C. WHAT COUNTRY?	Aldolphus Cooper
14A.USUAL OCCUPATION (Give kind of work 14B. KIND OF BUSINESS OR INDUST	
done during most of working life, even if retired)  Steel Worker Steel	Ophelia Moses 1826 N. Caroline St.
16. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL	18. INFORMANT ADDRESS
(Yes, no or unknown) (If yes, give wor or dotes of service) 245-0243	Frances Gibson 1941 E. 31st. Street
19. CAUSE OF DE	ATH APPROXIMATE INTERVAL
Stab w	round of back
DISEASE OR CONDITION DIRECTLY	
(This does not mean the made of dying, e.g., (A)IMMEDIATE DUE TO, OF	: CAUSE R AS A CONSEQUENCE OF:
heort foilure, osthenio, etc. It meons the diseose, injury or complication which coused death.)	
UNDERLYING CONDITION LAST. (C)	R AS A CONSEQUENCE OF:
TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION V	NAS PERFORMED 21. AUTOPSY? (Yes or No)
Ō	yes
UNDERLYING TOR CONTRIB- UTING CAUSE OF DEATH.    home, form, foctory, street, off House	in or about 22C. WHERE DID (If in Solitimore City, give exact location) INJURY OCCUR? 3963 Wilsby Avenue
OF INJURY	
	Stabbed during altercation
23.  I certify that I held on Inquiry Inspection A	ond that an this basis, death in my opinion
resulted from: Notural causes Accident Suic	ide Homicide Vundetermined monner
ACTUAL // /////	CHIEF MEDICAL EXAMINER L
	.D. ASSISTANT MEDICAL EXAMINER 🔠
	ASSOCIATE MEDICAL EXAMINER 3/19/72
NAME (Type) Ronald N. Kornblum, M.D.	
NAME (Type)  NOTITE THIS, TI, D.  24A. BURIAL CREMATION,   248. DATE   24C. NAME of CEMETER	Y or CREMATORY 24D. LOCATION (City, town, or county) (Stote)
NAME (Type)  24A. BURIAL CREMATION,   248. DATE   24C. NAME of CEMETER REMOVAL (Specify)	
NAME (Type)  24A. BURIAL CREMATION,   248. DATE   24C. NAME of CEMETER	



24C. NAME of CEMETERY or CREMATORY

Mt. Calvary Cemetary

25B. NAME OF REGISTRAR

24D. LOCATION

25C. FUNERAL DIRECTOR

(City, tawn, ar county)

**ADDRESS** 

Anne Arundel Co. Md.

William J. Spicer 1639 N. Broadway

(State)

REMOVAL (Specify)

Buiral

NAME (Type)

24A. BURIAL CREMATION.

25A. DATE REC'D BY HEALTH DEPT.

24B. DATE

3/21/72

0.1 .et a miles of the second of the collinated a glob month of the property of the property of the

1	BALTIMORE CON	HEALTH DEPARTMENT		72 02762
G-620 72 02		TE OF DEATH	REG. NO	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
1. NAME OF DECEASED 1Type or Pants John George	• Gorge	2. DATE	AND HOUR OF DEATH	7:20 P M
3. PLACE IN BALTIMORE, MARYLAND, WHERE P	RONOUNCED DEAD	A. STATE B. CO		institution: residence before admission)
FULL NAME OF GENOT IN HOSPITAL OR	INSTITUTION, GIVE STREET	Maryland		2611
FULL NAME OF TADDRE OR LOCATION INSTITUTION R TADDRE OR LOCATION	AMENDE!	C. CITY OR TOWN	D. IN	SIDE CITY LIMITS?
Baltimore Ulty Hosi	3-22-72	Baltimore		YES 🔣 NO 🗌
4940 Eastern Ave. Baltimore, Md. 212	224	E. STREET AND NUMBER		4
1100	RRIED A NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years lost birthdoy)	Months Doys Hours Min.
Male Caucasion WIDO	OWED DIVORCED	10-13-05	66	
10A, USUAL OCCUPATION (Give kind of work 108, Kin	NO OF BUSINESS OR INDUSTRY	11. BIRTHPLACE  State of 6	oreiga country)	12. CITIZEN OF WHAT COUNTRY
done during most of working life, even if selfred)	ti Can Co.	Maryland		U.S.A.
Machinest Vin	30, 1010 , 00	14 MOTHER'S MAIDEN N	IAME	U.D.A.
William		Mattie		
15. Was Deceased Ever is U. S. Armed Forces? (Yes, no or ynknown) Ut yes, give war or dates of se	vice)   6. SOCIAL SECURITY NO.	17. INFORMANT	940 Eastern	Ave. ADDRESS
NO	214-03-4197	BCH Records:	Baltimore,	Md. 21224
18.441.7.31	CAUSE OF DEAT	н		APPROXIMATE INTERVAL
NO DISEASE OF CONDITION DIRECTLY				BETWEEN ONSET AND DEATH
LEADING TO DEATH AS		RE Elle arterie	resolvante H	cartolis 2-3 mg
(This does not mean the mode of dying	DUE TO, OR AS	A CONSEQUENCE OF:		
injury or complication which caused death.	soose,			
This does not make the mode of dying hard tellure, ashed a sic it means the dinity of cottiffication which caused death.  Chief or ANTECEDENT CAUSES M.D.		. 0.		- I de
CHIEF OR ASSI MEDICAL ECAMINER	(8) OHE TO OR AS	A CONSEQUENCE OF:	preco	7
rise to the above cause (A) stating		A CONSEQUENCE OF		/
UNDERLYING CONDITION last.	(c)			
- 11				
OTHER SIGNIFICANT CONDITIONS CONTRIBU	TING			
TO THE DEATH BUT NOT RELATED TO THE TERM DISEASE OR CONDITION GIVEN IN PART 1 (A).	IINAL			
19A DATE OF OPERATION WAS PERFORMEN	FOR WHICH OPERATION	20A. AUTOPSYZ (Yes or	No. 208 IF YES WERE IN CERTIFYING C.	FINDINGS CONSIDERED AUSES OF DEATH?
OR CONTRIBUTING CAUSE OF DEATH (notify medical examined)	21& PLACE OF INJURY (e.g., home, farm, factory, street, etc.)	in of about 21 C. WHERE DID ffice bidg. INJURY OCCUR	(If In Boltime	ore City, give exact location)
OF INJURY (Month) (Day) (Year) (House		21F. HOW DID I	NJURY OCCUR?	
IAPPROXI	While At Not Whi	10		
		3-18-	10 72 +0	3=18-72 10 72
22. I certify that (1) (this hospital) after	- /			
that (t) (we) last sow the deceased ally	e on 3/18	19ond	that In (my) (our) ap	Inlon death occurred on the dol
and hour and from the couses stated abo	rve. (1) (We) (did) (did giet)	view the body after deat	he	
23A. SIGNATURE				238, DATE SIGNED
Karan 4. He	The state of the s	ending Med. Director	Staff X	3-18-72
23C. PHYSICIAN'S	DEGREE PR			
NAME (Typel		Daret	more City Ho	
24A BIBIAL CREMATION INC. DAYS	DEGREE			ore, Md. 21224
REMOVAL (Specify)	24C. NAME of CEMETERY of CR		LOCATION I	City, town, or county) (State)
Burial 3-22-72	Val Lawn	- 7	Dallo.	Meet
25A. DATE REC'D BY HEALTH DEPT. 25E. N	AME OF REGISTRAR	25C. EUNERAL DIRECT	OR /P/	3218 Luden H.
MAR 20 1072 02	6 7 2 0 D	Vielspall.	11 fmance	3218 Huden De.
VS 150-REV. 1/1/68	The Art of			

3-22-1972 - Correction Form from Funeral Director. HRS ..

The last the Hipman Sait & Haderall

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72 02763

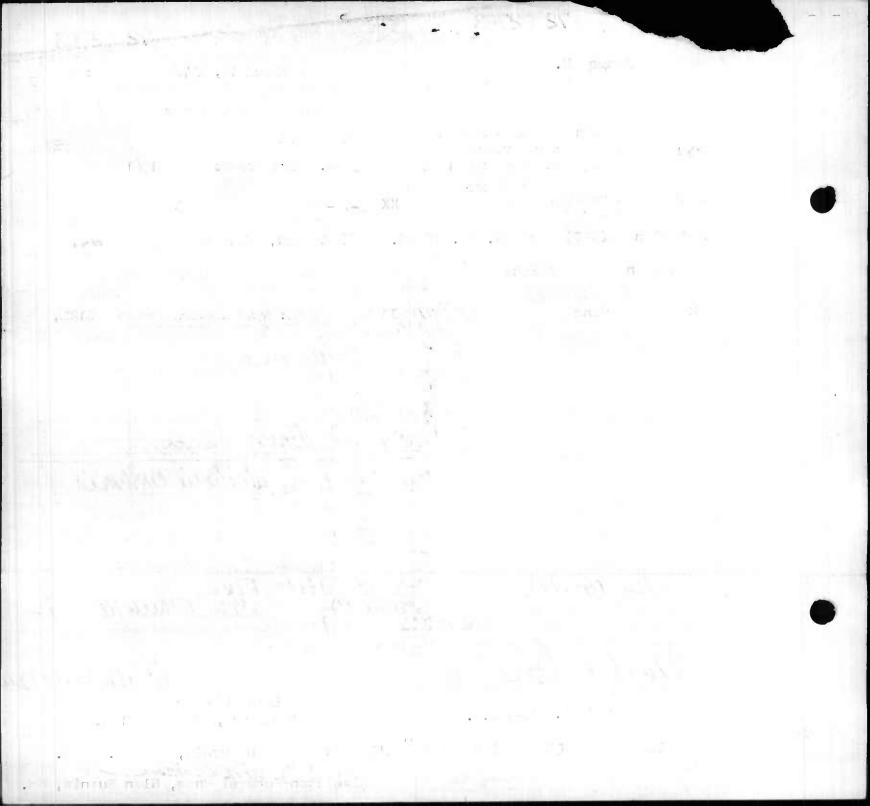
BALTIMORE CITY HEALTH DEPARTMENT

The same				
1	REG. NO.	770	027	nn
-		12	UNC	( ). )

FUNERAL DIRECTOR: IMPORTANT	60-46-
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was B.O.A. An accident of any where the physician pronounce on a deceased prior to death); and (6) No physician was in regular attendance on a deceased prior to death); and (6) No physician was in regular attendance.	-84
written approval must be obtained before the remains are embalmed or final disposition is made.	

VS 150-REV. 1/1/68

	ATE OF DEATH REG. No. 72 02763
(Type or Print) Jesse N. Wallace	March 16, 1972 6:00
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission)
FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)  Baltimore City Hospitals 4940 Eastern Avenue Baltimore, Maryland 21224	Maryland Anne Arundel  C. CITY OR TOWN Glen Burnie  E. STREET AND NUMBER  5 St. Agnes Street  21061
5. SEX   6. RACE   7. MARRIED   MEVER MARRIED	
Male Caucasian WIDOWED DIVORCED XX	lost birthdoyl Months: Doys Hours Min.
OA. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY done during most of working life, even if relired)  Custodian (RET) AA Co. Bd. of Ed.	3-18-08 63  11. BIRTHPLACE (Stote or foreign country)  Flat Rock, Alabama  USA
Sherman Wallace	Ada McGee
15. Wes Deceased Ever in U. S. Armed Foress? (Yes, no or unknown) Uf yes, give wor or doles) of service)	17. INFORMANT ADDRESS
	BCH RECORDS: 4940 Eastern Avenue 21224
CHIEF OR ANTECEDENTACAUSES FOR UNDERLYING CONDITIONS CONTRIBUTING TO THE RESIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	
194. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examined)  21D. TIME (Month) (Doy) (Year) (Hour) (APPROX.) (Month) (Doy) (Year) (Hour)  22. I certify that (I) (this hospital) attended the deceased from NO	Stagnes St. Glen Burne  21F. How DID INJURY OCCUR?  JHVE FIRE
that (1) (ve) lost sow the deceased alive on MUTCUL6	19ond that tn(my) (our) optnion death occurred on the date
Phys.	nding Med. Shaff Mulle 16, 1972
NAME (Typel	4940 Eastern Avenue
David K. Bone, M.D.  OEGREE  PAA. BURIAL CREMATION, 24B. DATE  PAGE 124C. NAME of CEMETERY OF CREI  PAGE 124C. NAME OF	Baltimore Manuland 21221
Burial 3/20/72 Glen Haven Mem	11 Park Glen Burnis, AA Co. Md.
SA. MAREO 1972 DORT. 258. NAME OF REGISTRAR E. SELECT ACA	Simpleton Funeral Home, Glen Burnie, Md.



## 72 0276 ALTIMORE CITY HEALTH DEPARTMENT

72 02764

(	-45		MED	ICA	L EX	AMINER'S	CERTIFI	CAT	E OF DEA	ATH REG. NO		02704
	TH NO.	EACED					2. DATE			D-	V	Ta.
	NAME OF DEC	HARO	LD E.CL	DUDE			OF DEATH		n	h Doy	Yeor	Hour M.
4.	PLACE IN BAL	TIMORE, M	ARYLAND, W	HERE P	RONO	UNCED DEAD	3. DATE		Mont	n Doy	Yeor	Hour
HC	L NAME OF SPITAL INSTITUTION	(IF NO	OT IN HOSPITA ESS OR LOCA	L OR IN: TION)	STITUTIC	ON, GIVE STREET	PRONO		March	17,1972	n: residence	8:09 P. <sub>M.</sub>
To the	JOH	NS HOP	KINS HO	SPII	CAL	(DOA)	A CTATE	ary1a		B. COUNTY		653
6.	SEX	7. RACE		B. MAR	RIED 2	NEVER MARRIED	C. CITY OF	TOWN		D. INSIDE C	ITY LIMITS?	
	Ma1e	Wh	ite	WIDO	WED [	DIVORCED [	Ba1t	imore	2		YES 🔼	NO 🗆
	-25-24	Ĥ	10. AGE (Ir lost birthdo	yeors y) 47	If Un Month	der 1 Yr. If Under 24 Hrs. ns   Doys   Hours   Min.	E. STREET		MBER 11e Avenu			
11.	BIRTHPLACE (S	tote or fore	ign country)			ITIZEN OF	13. FATHER	SNAME	E			
	Virgin	ia			W	USI COUNTRY?	Willi	am (	C. Cloude			
144	USUAL OCCU	PATION (GI	ve kind of work	14B. KIN	D OF B	SUSINESS OR INDUSTRY	15. MOTHE	R'S MAIL	DEN NAME			
	e during most of w Foreman	orking life, e	ven ifretired)	Mons	arch	Rubber Co.	Aprie	E.	Richards			
16.	WAS DECEAS	ED EVER IN	U.S. ARMED	FORCE	5?	17. SOCIAL	18. INFOR			1	ADDRESS	
(10	s, no or unknown) <b>Yes</b>	(If yes, give	II	of servic	e)	230 24 2789	Lucy	GG.	Cloude 50	56 Orvill	e Aven	ue Balto.
-	19.//	11 4	aller alle			CAUSE OF DEA				J - U - 1 - L	AF	PPROXIMATE INTERVAL
	7/0	1/				Arterios	sclerot	ic ca	ardiovasc	ular dise		VEEN ONSET AND DEATH
		E OR CON: LEADING T	DITION DIRE	CTLY								
			mode of dy	Ing, e.g.,		(A)IMMEDIATE C	AS A CONSEC	UENCEC	)F.			
	heart failure injury or con	, osthenio, et nplicotion wh	c. It means the ich coused dec	diseose,								
1	1A	NTECEDEN'	CAUSES			(B)						
	DISEASES O	OR CONDIT	TONS, IF ANY	GIVING	G	DUE TO, OR	AS A CONSE	UENCE	OF:			
7	UNDERLYIN	G CONDI	TION LAST.	III O III		(c)						
0			11	-		/ -/		*********		*******		
CERTIFICATION	TO THE DEA	ATH BUT NO	NDITIONS CO	THE TER	MINAL							
분			N GIVEN IN PA		-	WINCH ODER ATION W	AC DEDEADA	50			ION ALITE	DCVO /Vos as Na
CER	ZUA. DATE OF	- OPERATIO	208. COI	MOIIION	NFOR	WHICH OPERATION W	AS PERFORM	ED			yes	OPSY? (Yes or No)
CAL	22A. EXTER	NAL CAUSE			22B. P	LACE OF INJURY(e.g.,	in or obout	2C. WHI	ERE DID (If in Bol	timore City, give e	-	
000	UTING CA				1,0,	, , , , , , , , , , , , , , , , , , , ,	5.09., 6.0.,					
Σ	OF INJURY	(Month)	(Doy) (Yeor	·) (Ho	ur) 22	E.INJURY OCCURRED		2F. HOV	W DID INJURY	CCUR?		
	(APPROX.)						WHILE ORK					
	23.				111.1 11		JOHN COL					
	1 cert	ify that L	held on 1	nquiry		Inspection Au	top sy 🔯	ond t	hot an this bo	sis, death In m	y opinian	
	resul	ted from:	Natural cau	ses X	Ac	cident Suicio	le H	micide	Undet	ermined manner		
		1	)	10	1	1,1			EDICAL EXAMIN			
	ACTUAL		1.2.1	1/	11/	111	ASS	STANT N	MEDICAL EXAMIN	IER 🔀		DATE SIGNED
	SIGNATI		anald N	V	huh.	1 M. D.	-		AEDICAL EXAMIN		2/	10/70
	NAME (1	(ype)		. KO		lum, M.D.						18/72
RE	A. BURIAL CREA MOVAL (Speci	MATION,	24B. DATE		240	C. NAME of CEMETERY	ar CREMATO	ORY	24D. LOCA1	ION (City, to	wn, or county	(Stote)
	Buria		3-22-	72		Mt. Zion			Luray	Page.	Co. Vir	ginia
25	A. DATE REC'D	BY HEALTH	DEPT.	25B.		OF REGISTRAR	25C.	7 -	L DIRECTOR		ADDRESS	
		4000	00	1 4			10/1	. 17.	00	7 7 28% Che		

shorto la molfile de page 230 Id 27 7 Tuny I to Cloude 5056 Device werns the HEALTS & A CHEEK CHEEK , HE SEESENST II

IMPORTANT **DIRECTOR:** FUNERAL

approved

BALTIMORE CITY HEALTH DEPARTMENT 635 72 (2765 REG. NO. 72 12765 CERTIFICATE OF DEATH sistant if death occurred in a hospital and the direct or contributing cause of death kind; (4) Undetermined cause; (5) Deceased death was in regular attendance on the Such I. NAME OF DECEASED EDWARD (Type or Print) 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceosed lived, if institution: residence before admission)
A. STATE
B. COUNTY Anne Arundel MID FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) C. CITY OR TOWN D. INSIDE CITY LIMITS? BALTIMORE YES 4 NO HOSP prior E. STREET AND NUMBER 007 - 5th, St. Glenburnie is made. 9. AGE (In years If Under 1 Y. Months! Days MARRIED NEVER MARRIED If Under eceased WIDOWED XX 10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? disposition done during most of working life, even if retired) U.S. A T Retired City Of Baltimore Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME William Martin Minnie Colway 0 15. Wes Deceased Ever in U. S. Armed Forces? (Yes.no or unknown) (If yes, give wor or dotes of service) 6. SOCIAL 17. INFORMANT ADDRESS SECURITY NO. ance No 214-03-5869 Mr. Edmund Martin, 1007 5th Avenue 21061 pronounced CAUSE OF DEATH attend BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY A fracture of (A) IMMEDIATE CAUSE Brancho LEADING TO DEATH days (This does not mean the mode of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF heart failure, asthenia, etc. It means the disease, gular injury or complication which caused death.) pseudomones infection. ANTECEDENT CAUSES who (B)\_\_\_\_\_\_DUE TO, OR AS A CONSEQUENCE OF: DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the physician he remains UNDERLYING CONDITION last (6) No physician was OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). Septicemia 7 days any nature; (2) Body 19A DATE OF OPERATION 19R CONDITION FOR WHICH OPERATION
2/21/12, 2/5/12 hope
21A ACCIDENT WAS UNDERLYING
OR CONTRIBUTING CAUSE OF

| CAUSE OF | CAUSE OF | CAUSE OF | CAUSE OF | CAUSE OF | CAUSE OF | CAUSE OF | CAUSE OF | CAUSE OF | CAUSE OF | CAUSE OF | CAUSE OF | CAUSE OF | CAUSE OF | CAUSE OF | CAUSE OF | CAUSE OF | CAUSE OF | CAUSE OF | CAUSE OF | CAUSE OF | CAUSE OF | CAUSE OF | CAUSE OF | CAUSE OF | CAUSE OF | CAUSE OF | CAUSE OF | CAUSE OF | CAUSE OF | CAUSE OF | CAUSE OF | CAUSE OF | CAUSE OF | CAUSE OF | CAUSE OF | CAUSE OF | CAUSE OF | CAUSE OF | CAUSE OF | CAUSE OF | CAUSE OF | CAUSE OF | CAUSE OF | CAUSE OF | CAUSE OF | CAUSE OF | CAUSE OF | CAUSE OF | CAUSE OF | CAUSE OF | CAUSE OF | CAUSE OF | CAUSE OF | CAUSE OF | CAUSE OF | CAUSE OF | CAUSE OF | CAUSE OF | CAUSE OF | CAUSE OF | CAUSE OF | CAUSE OF | CAUSE OF | CAUSE OF | CAUSE OF | CAUSE OF | CAUSE OF | CAUSE OF | CAUSE OF | CAUSE OF | CAUSE OF | CAUSE OF | CAUSE OF | CAUSE OF | CAUSE OF | CAUSE OF | CAUSE OF | CAUSE OF | CAUSE OF | CAUSE OF | CAUSE OF | CAUSE OF | CAUSE OF | CAUSE OF | CAUSE OF | CAUSE OF | CAUSE OF | CAUSE OF | CAUSE OF | CAUSE OF | CAUSE OF | CAUSE OF | CAUSE OF | CAUSE OF | CAUSE OF | CAUSE OF | CAUSE OF | CAUSE OF | CAUSE OF | CAUSE OF | CAUSE OF | CAUSE OF | CAUSE OF | CAUSE OF | CAUSE OF | CAUSE OF | CAUSE OF | CAUSE OF | CAUSE OF | CAUSE OF | CAUSE OF | CAUSE OF | CAUSE OF | CAUSE OF | CAUSE OF | CAUSE OF | CAUSE OF | CAUSE OF | CAUSE OF | CAUSE OF | CAUSE OF | CAUSE OF | CAUSE OF | CAUSE OF | CAUSE OF | CAUSE OF | CAUSE OF | CAUSE OF | CAUSE OF | CAUSE OF | CAUSE OF | CAUSE OF | CAUSE OF | CAUSE OF | CAUSE OF | CAUSE OF | CAUSE OF | CAUSE OF | CAUSE OF | CAUSE OF | CAUSE OF | CAUSE OF | CAUSE OF | CAUSE OF | CAUSE OF | CAUSE OF | CAUSE OF | CAUSE OF | CAUSE OF | CAUSE OF | CAUSE OF | CAUSE OF | CAUSE OF | CAUSE OF | CAUSE OF | CAUSE OF | CAUSE OF | CAUSE OF | CAUSE OF | CAUSE OF | CAUSE OF | CAUSE OF | CAUSE OF | CAUSE OF | CAUSE OF | CAUSE OF | CAUSE OF | CAUSE OF | CAUSE OF | CAUSE OF | CAUSE OF | CAUSE OF | CAUSE OF | 0 the 20A. AUTOPSY? (Yes or No) 208, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? Aorto Splenonggels, Pot of beding

218. PLACE OF INJURY lead, in or obout 21C. WHERE DID
home, form, foctory, street, office bldg., INJURY OCCUR? to the hospital by where (If In Boltimore City, give exoct location) MEDICAL DEATH (notify medical exomined brained 21 D. TIME OF INJURY (Month) (Doy) (Yeor) Houd 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? (except Not While (APPROX.) and 22. I certify that (1) (this hospital) attended the deceased from Feb, 10 19 72 to Mar death); that (1) (we) last saw the deceased alive an\_\_\_\_\_Mar. 17 1972 and that in(my) (our) opinion death accurred on the date hospital and have and from the causes stated abave. (1) (We) (did) (did nat) view the body after death. must 23A. SIGNATURE 23B DATE SIGNED Attending | 0 Mar. 17 72 approval 8 23C. PHYSICIAN'S NAME Type) prior 23D. ADDRESS t B D.O.A. 24C. NAME of CEMETERY of CREMATORY 24A. BURIAL CREMATION. REMOVAL (Specify) shows: (1) 24B, DATE deceased 24D, LOCATION (City, town, or county) (Stote) 3-21-1972 Buria1 New Cathedral Cemetery Baltimore, Maryland 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR Howard H. Hubbard, 4107 Wilkens Ave. 21229 VS 150-REV, 1/1/68

e sur region to the state of th The second secon Enclosed for the season of the a graph of the first 

was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased FUNERAL DIRECTOR: IMPORTANT

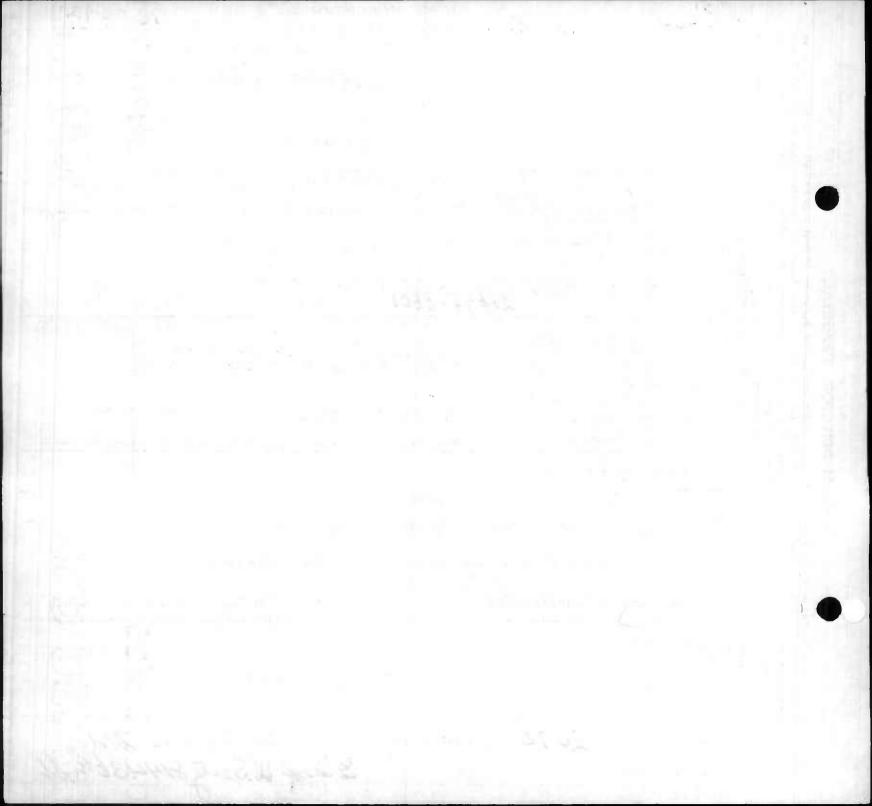
1-220 72 02766 BALTIMORE	E CITY HEALTH DEPARTMENT	70 00000
CEDTIE	ICATE OF DEATH REG. NO.	72 02766
BIRTH NO.		
The Board	2. DATE AND HOUR OF DEATH	
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, If i	nstitution: residence before admission)
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	MARYLAND	2102
N3H10H0N	BA LTIMORE	SIDE CITY LIMITS?
ST AGNES HOSPITAL	E. STREET AND NUMBER	YES X NO
40	1326 GLYNDON AVE	21223
MALE CAUCASIAN WIDOWED DIVORCE	lost birthdoy)	If Under 1 Yr. II Under 24 Hrs. Months Doys Hours Min.
OA. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR IND	USTRY 11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
one during most of working life, even if retired)	1.171844114	
Retired Bethlehem Steel	LITHUANIA	U.S.A.
& FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
CASPER LOCKWICH	(VALUDALIA) ESTICIA	
Was Deceased Ever in U. S. Armed Forces? 116. SOCIAL	(KALUPAILA) FELICIA	1 TO A DANGER
es, no or unknown) (If yes, give wor or dates of service) SECURITY NO.	RECORD'S BA	LTIMOREMU 21229
NO 21309154	4 ST AGNES HOSPITAL WI	LKENS & CATON AV
18. 1/ 2 - 1/ CAUSE OF		APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY	0	SETWEEN ONSET AND DEATH
LEADING TO DEATH	crebial thom	Res
(This does not mean the mode of dying, e.g.,	TE CAUSE  OR AS A CONSEQUENCE OF:	000
heart failure, asthenia, etc. It means the disease,	ok as a consequence of:	
injury or complication which caused death.)	fr. C. :	
ANTECEDENT CAUSES	thewselerosis genera	G'zel
DISEASES OR CONDITIONS, if any, giving DUE TO, (6)	OR AS A CONSEQUENCE OF:	
rise to the above cause (A) stating the UNDERLYING CONDITION last. (C)		***************************************
II .	// /	
	Valmonary lumber -1	e de la composition della comp
TO THE DEATH BUT NOT RELATED TO THE TERMINAL	2 1 74	
DISEASE OR CONDITION GIVEN IN PART 1 (A).  19A-DATE OF OPERATION 119B. CONDITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No.) 20B. IF YES. WERE	FINDINGS CONSIDERED
WAS PERFORMED	YES IN CERTIFYING CA	USES OF DEATH?
OR CONTRIBUTING CAUSE OF home, form, factory, stre	(e.g., In or obout 21 C. WHERE DID (If In Boltimoret, office bldg., INJURY OCCUR?	re City, give exoct location)
21D. TIME (Month) (Doy) (Year) (Hour) 21E INJURY OCCURRED	215 HOW DID DIVIDE GOOD	
OF INJURY		
(APPROX.) While At Not	While Work	
22. I certify that (M (this hospital) attended the deceased from.		DC11 17 10 TO
thes VIV(we) loss sources described the deceased from		KUH / y 19 72
that XIX(we) last sow the deceased alive an MARCH 1.7		nion death accurred on the date
ond haur and from the causes stated abave. (() (We) (dld) (XX)	(view the bady after deoth.	
23A. SIGNATORE		23 B. DATE SIGNED
Kufute Halaas	Attending Med. Staff	
23C PHYSICIANS DEGREE	Affending Med. Stoff Phys. Director Phys.	-21222
P VALARAO, M.D.	ST. AGNES HOSPITAL: CA	TON & WILKENS AVE
A. BURIAL CREMATION, 1248, DATE 124C, NAME of CEMETERY	EGREE	ty, town, or county) (State)
REMOVAL (Specify)		
Burial 3-20-1972 Holy Redeemer		ryland
A. DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR	25C FUNERAL DIRECTOR	ADDRESS
MAR 20 1979 OC 18 3. Re. 20	Howard H. Hubbard, 4107	Wilkens Ave. 21220
The state of the s	110/ 1	TITLE VC & LILLY

The population of the state of

## FUNERAL DIRECTOR: IMPORTANT

eath occurred in a hospital and or contributing cause of death indetermined cause; (5) Deceased 0 death. ance attend prior disposition is made. regular deceased = (4) Und SDA the death LO final attendance fracture of any pronounced 10 embalmed regular who are = physician the remains Was a medical No physician Body before any nature; (2) where to the hospital be obtained 9 approved (except and death); 0 hospital the body was released must accident 0 approval a prior certificate at An D.O.A. shows: (1) pespese Was

BALTIMORE CITY HEALTH DEPARTMENT 72 02767 72 02767. CERTIFICATE OF DEATH I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH FULKUSKI KATHERINE (Type or Print) .15.72 4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD MALYLAND FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) C. CITY OR TOWN D. INSIDE CITY LIMITS BALTIMORF INION MEMORIAL YES X NO E. STREET AND NUMBER 3500 ELM AXENUE BALTIMORE 9. AGE (In years lost birthday) If Under 1 Yr. If Under 24 Hrs. 5. SEX 7. MARRIED NEVER MARRIED WIDOWED X 10A USUAL OCCUPATIONIGIVE kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE ISlate or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Housewife 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME MICHAEL LYNCH. ALDRIDGE 15. Was Deceased Ever in U. S. Armed Forces?
(Yes, no or unknown) (If yes, give war or dotes of service) 7. INFORMANT SECURITY Too Mrs Genaldine Bryder Pro: 235 CAUSE OF DEATH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart foilure, asthenia, etc. it means the disease, injury or complication which caused death.) DUE TO, OR AS A CONSEQUENCE OF: Choledo. Cholilhiasi & Cholangs & ANTECEDENT CAUSES DISEASES OR CONDITIONS, If any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last Ш CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 208, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 19A. DATE OF OPERATION 19A CONDITION FOR WHICH OPERATION WAS PERFORMED Charles och at 20A. AUTOPSY? (Yes of No) 218. PLACE OF INJURY (e.g., in or about 21C. WHERE DID home, form, factory, street, office bldg, INJURY OCCUR? 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (If In Boltimore City, give exact location) MEDICAL DEATH (notify medical exemined (Month) (Dov) (Year) (House 21 E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY Not While While At (APPROX) At Work 22. I certify that (I) (this hospital) attended the deceased fram and that in (my) (aur) apinian death accurred an the date that (I) (we) last saw the deceased alive an and haur and from the causes stated above. (1) (We) (did) (did nat) view the bady after death. 23B DATE SIGNED 23A, SIGNATURE Luareali Attending [ Med. Director Stoff Phys. no Phys. 23C. PHYSICIAN'S 23D. ADDRESS NAME (Type) Calvert DEGREE 24A. BURIAL CREMATION, 24B. DATE (City, town, or county) REMOVAL (Specify) Frank Director 25A. DATE REC'D AY HEALTH DEST. 25% NAME OF REGISTRAR VS 150-REV. 1/1/68



IMPORTANT FUNERAL DIRECTOR:

8

to the hospital

the body was released

approved

a hospital and cause of death

cause

contributing

occurred

death

assistant

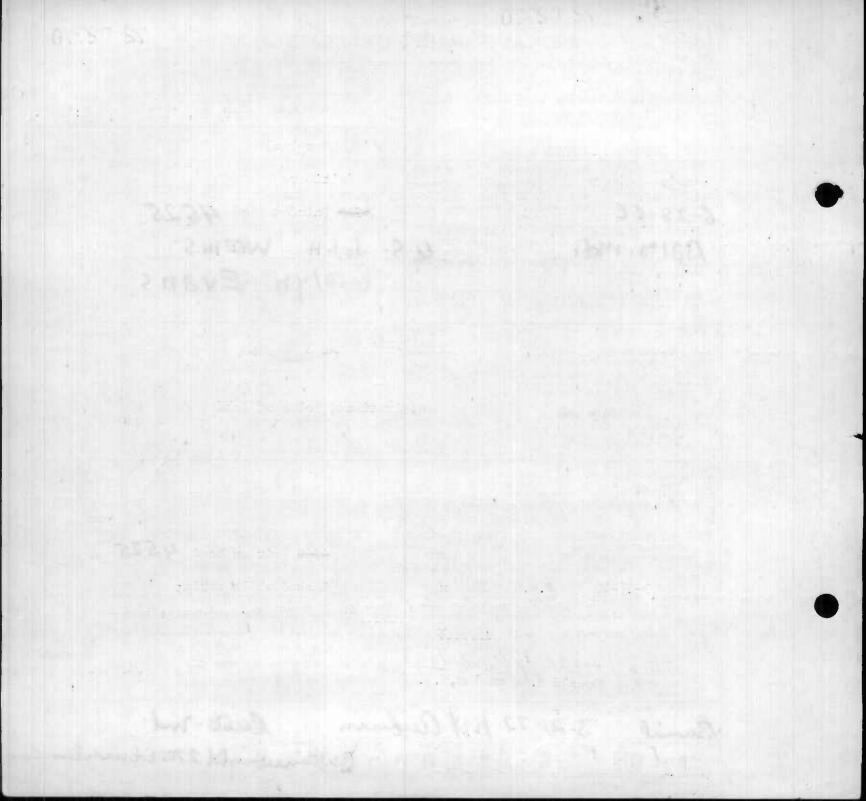
BALTIMORE CITY HEALTH DEPARTMENT 72 02768 72 02768 CERTIFICATE OF DEATH the Such (4) Undetermined cause; (5) Deceased I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH no (Type or Printl / lar 3 death. 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD USUAL RESIDENCE (Where deceased lived, If institution: residence before 4. USUAL attendance FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION! marin C. CITY OR TOWN D. INSIDE CITY LIMITS? 0 NO [ YES prior E. STREET AND NUMBER is made. regular 5. SEX 6. RACE 9. AGE (In yours 8. DATE OF BURTH Il Under 1 Ye. II Under 24 Hrs. deceased MARRIED NEVER MARRIED WIDOWED X DIVORCED 10A USUAL OCCUPATION (Give kind of work) 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote of loreign country) 12. CITIZEN OF WHAT COUNTRY? disposition \_ done during most of working life, even if retired) Truck Driver Virginia Was 13. FATHER'S NAME the 14. MOTHER'S MAIDEN NAME Major Reid Sarah Smith 0 death 15. Was Deceased Ever in U. S. Armed Forces? (Yos, no or unknown) (If yes, give wor or dotes of service) kind; 6. SOCIAL 17. INFORMANT ADDRESS final SECURITY NO. attendance -Q9-A any pronounced 18. CAUSE OF DEATH APPROXIMATE INTERVAL OF BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY embaimed fracture of LEADING TO DEATH 1This does not mean the mode of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF heart failure, asthenio, etc. Il means the disease, regular injury at camplication which caused deoth.) ANTECEDENT CAUSES who 4 DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the ෆ TERIOSCLEROST physician UNDERLYING CONDITION last the remains any nature; (2) Body burns; No physician was 11 CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). the 19A-DATE OF OPERATION 19B. CONDITION FOR WHICH OBERATION 20 A. AUTOPSY? (Yes or No) 208 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? before 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF where 218. PLACE OF INJURY (e.g., in or about 21C. WHERE DID home, farm, factory, street, office bldg., INJURY OCCUR? (Il In Boltimore City, give exoct location) MEDICAL DEATH (natify medical examined) obtained 21D. TIME OF INJURY (Month) (Doy) (Yearl 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? (Houd 9 (except While At Not While (APPROX.) and 22. I certify that (1) (this hospital) attended the deceased fram death); that (1) (we) last eaw the deceased alive an 19 and that In(my) (our) apinion death occurred an the dote shows: (1) An accident of hospital must and have and from the causes stated abave. (1) (We) (did) (did nat) view the bady after death. 23A. SIGNATURE Attending [ 0 Med. Director approval Phys. Phys. at a prior 23C. PHYSICIAN'S NAME (Type) 23 D. ADDRESS 506 D.O.A. 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY bespesed 24D. LOCATION (City, town, or county) Baltimore, Maryland Auburn Cem. Was 25B, NAME OF REGISTRAR 25C. FUNERAL DIRECTOR Arlington S. Phillips 1727 N. Monroe Street

An Idean S. of Page 1222 L. Comp. Street

72 02/69 BALTIMORE CITY HE	ALTH DEPARTMENT
1-600 MEDICAL EXAMINER'S	CERTIFICATE OF DEATH REG. NO. 72 02769
BIRTH NO.	REG. NO.
1. NAME OF DECEASED	2. DATE Known Month Day Year Hour
(Type or Print) PERCY LEE PERRY	OF DEATH Estimated . M.
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Manth Day Year Hour
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL ADDRESS OR LOCATION)	PRONOUNCED DEAD March 15. 1972 9:25 P M.
OR INSTITUTION	5. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)  A. STATE Marry Land  B. COUNTY
0 0 1916 W. Baltimore St.	A. STATE Maryland B. COUNTY
6. SEX 7. RACE B. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE CITY LIMITS?
Male Negro WIDOWED ☐ 54, DIVORCED ☐	Baltimore YES X NO
9. DATE OF BIRTH 10. AGE (In years If Under 1 Yr. II Under 24 Hrs. lost birthday) Months, Days, Hours, Min.	E. STREET AND NUMBER
12-7-26 45	1916 W. Baltimore St.
11. BIRTHPLACE (State or lareign country) 12. CITIZEN OF	13. FATHER'S NAME
Throusing WHAT COUNTRY?	Waster Perry
14A. USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTR dane during med of working life, even if retired)	Y 15. MOTHER'S MAIDEN NAME
Laparer	Tella Frattman
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, na ar unknawn)(If yes, give war ar dates al service)  17. SOCIAL SECURITY NO.	18. INFORMANT ADDRESS
125-28-909	Martha P. Kerry Same
19. 4 12 4-1 CAUSE OF DEA	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY Arteriosc	lerotic cardiovascular disease
LEADING TO DEATH	CAUSE
heart lailure, asthenia, etc. It means the disease,	AS A CONSEQUENCE OF:
Injury ar camplication which caused death.)	
ANTECEDENT CAUSES (B)	
DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO, OR	AS A CONSEQUENCE OF:
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE LINDERLYING CONDITION LAST.	AS A CONSEQUENCE OF:
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE LINDERLYING CONDITION LAST.	AS A CONSEQUENCE OF:
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE LINDERLYING CONDITION LAST.	AS A CONSEQUENCE OF:
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE LINDERLYING CONDITION LAST.	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE LINDERLYING CONDITION LAST.	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W	AS PERFORMED  21. AUTOPSY? (Yes or No)  Yes  in ar about 22C. WHERE DID (II in BaltImare City, give exact lacation)
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W  VIOLENCE OF INJURY (e.g., hame, larm, factory, street, affit	AS PERFORMED 21. AUTOPSY? (Yes or No) Yes
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WOULD BE CONDITION OF CONTRIBUTION O	AS PERFORMED  21. AUTOPSY? (Yes or No)  Yes  in ar about 22C. WHERE DID (II in Baltimare City, give exact lacation)  INJURY OCCUR?
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)  II  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W  22A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH.  UTING CAUSE OF DEATH.  22D. TIME (Month) (Day) (Year) (Haur) 22E.INJURY OCCURRED OF INJURY (APPROX.) WHILE AT MO WORK MICH OF AT WORK AT WORK AT A WORK AT A WORK AT A WORK AT A WORK AND AT WORK A	AS PERFORMED  21. AUTOPSY? (Yes or No)  Yes  in ar about 22C. WHERE DID (II in Baltimare City, give exact lacation)  in DIURY OCCUR?
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DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)  II  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W  22A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH.  UTING CAUSE OF DEATH.  22B. PLACE OF INJURY (e.g., hame, larm, factory, street, affit of the control of the con	AS PERFORMED  21. AUTOPSY? (Yes or No) Yes  in ar about 22C. WHERE DID (II in Baltimare City, give exact lacation)  INJURY OCCUR?  TWHILE WORK  and that an this basis, deoth in my opinion
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)  II  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WITH DISEASE OR CONTRIBUTION FOR WHICH OPERATION WITH DISEASE OR CONTRIBUTIO	AS PERFORMED  21. AUTOPSY? (Yes or No) Yes  in ar about 22C. WHERE DID (II in Baltimare City, give exact location)  INJURY OCCUR?  WHILE  Utopsy X and that an this basis, deoth in my opinion  Homicide Undetermined monnor
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)  II  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WITH DISEASE OR CONTRIBUTION FOR WHICH OPERATION WITH DISEASE OF TOWN AND WITH DISEASE OF TOWN AND WHICH OPERATION WITH DISEASE OF TOWN AND WORK AND WHILE AT MOUNT WORK AND WORE WORK AND	AS PERFORMED  21. AUTOPSY? (Yes or No) Yes  in ar about 22C. WHERE DID (II in Baltimare City, give exact location)  INJURY OCCUR?  WHILE  22F. HOW DID INJURY OCCUR?  TWHILE  Utopsy  And that an this basis, deoth in my opinion  Homicide Undetermined monnor  CHIEF MEDICAL EXAMINER
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MANAGEMENT OF THE PROPERTY OF

VS 151-REV. 1/1/68



P-360	7 00 0	2771	BALTIMORE CITY	HEALTH DEPARTMENT		72 02771
BIRTH NO.	120	2112	CERTIFICA	TE OF DEATH	REG. NO	
1. NAME OF DI	Potter,	Edn-	3 D.	3	HOUR OF DEATH	500 AM
3. PLACE IN B.	ALTIMORE, MARYLAND, W	HERE PRONOU	NCED DEAD	4. USUAL RESIDENCE (When	b deceased lived, If ins	101 1011 11
FULL NAME OF HOSPITAL OR	F (IF NOT IN HOSPITA ADDRESS OR LOCA	AL OR INSTITU	TION, GIVE STREET	C, CITY OR TOWN	North trn	PKWY , Batto, Md. 21214
NOTITITAN		. 1 1		Balto	D. INSI	YES NO X
A JELL C	land General H	1026119		E. STREET AND NUMBER	1. 11 -10-	DUNIN 7741
5. SEX	6. RACE	7		3209E	9. AGE (In years	W Hodes 24 Mg
F	W	WIDOWED		111191	last birthday	II Under 1 % II Under 24 Hrs. Months Doys Hours Min.
	of working life, even if refired)			11. BIRTHPLACE (State of forei	ga country)	12. CITIZEN OF WHAT COUNTRY?
3. FATHER'S N	1116	Hon	nemaker	14 MOTHER'S MAIDEN NA	AE	101211
15, Was Deceas	Howard I. Jed Ever in U. S. Armed Forward (If yes, give war or date	Denton	1 6. SOCIAL	Phoebe 17. INFORMANT	?	ADDRESS
(Yes, no or unkno	rn) (If yes, give war or date		212-03-9377	Mrs. Edith B	ailowe	Same
18. 5 6	0,401		CAUSE OF BEAS			A DEPOVIALATE INTERVAL
700	ASE OR CONDITION DI	RECTLY	H	eart Failur	6. 40221 PIE	The week onser and bearing
(This does	LEADING TO DEATH	dying, e.g.,		A CONSEQUENCE OF:	- rulmonary +	measing 3 Tillian
heart failur injury or c	not mean the mode of e, asthenia, etc. It means emplication which caused	the disease,	¥ 500 10, 0K A	Penal Fail	nre	
	ANTECEDENT CAUSES					
	OR CONDITIONS, If		DUE TO, OR A	M+6 2 tipgl O.	the tike	
	NG CONDITION last	oroning into	(c)	W46211191 O	BOLLWCLIDE	)
OTHER SIGN	II NIFICANT CONDITIONS CO ATH BUT NOT RELATED TO TO	NTRIBUTING HE TERMINAL			٠	
<b>⋖</b> DISEASE OF	CONDITION GIVEN IN PAR OF OPERATION 198 CON WAS PER	T T (A).	HICH OPERATION	20A-AUTOPSY? (Yes or No	208 IF YES, WERE F	INDINGS CONSIDERED USES OF DEATH?
E/3	18 2	INT PS	DYALISON PULL		IN CERTIFYING CAL	JSES OF DEATH?
OR CONTR	DENT WAS UNDERLYING BUTING CAUSE OF	21& home etc.)	le form, factory, street, c	in or obout 21 C. WHERE DID flice bldg. INJURY OCCUR?	(Il in Baltimere	City, give exact location)
OF INJURY	(Month) (Day) (Year)		INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
(APPROX)		Worl	Not Whi	4.257.4		ale in the second
22. I certi	fy that (1) (this hospital	) attended th		~ ^	1972 10 50	AM 19 72
	e) lost saw the decease		3/20		at in (my) (our) opin	nion death occurred on the date
		red above. (I)	(We) (dld) (dld not)	view the body after death.		238, DATE SIGNED
23A, SIGNA	lland 8. amo	132	M. D. DEGREE Ph		Staff Phys.	3/20/72
23C. PHYSIC	Typel 13 112rd P. A	4moss	M, P.	230. ADDRESS Gene	ral Hosp	Balto. Md.
24A. BURIAL C	REMATION, 24B. DATE	24C.NA	ME of CEMETERY of CE	EMATORY 24D. U	OCATION (Ci	y, town, or county! (Stole)
Buria	1  3/23/7		reland Mem		Baltimore	Maryland
MAR O	1972 Rabadi	25B, NAME O		25C. FUNERAL DIRECTOR		ADDRESS
VS 150-REV. 1/				naoust.d. 1 2	nuck Inc.	5305 Harford Rd

W 5 Market Eswiy And the last the property of the last t Biot Carment and The Target Stark office of the sent the sent the sent of the Haratay and the second

### S-/63 72 02772 BALTIMORE CITY HEALTH DEPARTMENT MEDICAL EXAMINER'S CERTIFICATE OF DEATH 72 02772

BIR	TH NO.		MILD		- EXPANSI VEICO	PEIX I II I	CAILOI	DEAT	REG. NO.		0110
1. 1	NAME OF DEC	EASED	-			2. DATE	Knawn 🗌	Manth	Day	Year	Haur
(Type or Print)  MAUDE A. STEFFERT Seifert						OF DEATH	Estimated 🔲				M.
4. [	PLACE IN BALT	IMORE, MA	RYLAND, W	HERE P	RONOUNCED DEAD	3. DATE		Month	Doy	Year	Hour
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET						PRONO	UNCED DEAD	3	19 `	1972	7:40p
OR	SPITAL INSTITUTION	ADDRE	SS OR LOCA	IION)		5. USUAL R	ESIDENCE (When	e deceased li			- M
No.		2.6			1 -1 (DOA)	A. STATE	Md.		B. COUNTY	2	10 41
					tal (DOA)	C CITY OF			To INICIDE CE	TV I IAATTCO	9 1
0. :	SEX	7. RACE			RIED NEVER MARRIED	C. CITY OF			D. INSIDE CI		
	female	whi	te	WIDO	WED DIVORCED		Balto.		YE	s 🛚	NO .
9. [	DATE OF BIRTH	1	10. AGE (In		If Under 1 Yr, If Under 24 Hrs, Manths, Doys, Haurs, Min.	E. STREET	AND NUMBER				
	Aug. 7,	1884		87		450	1 Seifer	t Ave.			
11.	BIRTHPLACE (S		gn country)		12. CITIZEN OF	13. FATHER	'S NAME				
	Penna.				WHAT COUNTRY?	Augu	st Moessi	nger			
14A	USUAL OCCU	PATION (Giv	e kind af wark	4B. KINI	OF BUSINESS OR INDUSTRY						
don	Housewi	orking life, ev	en ifretired)			1	linda	(unkn	own)		
16	WAS DECEASE	ED EVED IN	IIS APMED	FORCE	S? 17. SOCIAL	18. INFOR		(		DDRESS	
(Y e	s, no or unknown)	(If yes, give	wor or dates	of service	214-01-6348		a H Moess	inger			- 21221
	No										PROXIMATE INTERVAL
	19. 4/2	, 41			CAUSE OF DEA					BETW	EEN ONSET AND DEATH
	DISEASI	OR COND	ITION DIREC	CTLY	Acute bronch	opneum	onia seco	ndary i	to arter	iosele	rotic
		LEADING TO			(A)IMMEDIATE	AUSE C	ardiovasc	ular d	Lsease		
			mode of dy		DUE TO, OR	AS A CONSEC	UENCE OF:				
	injury or com	plication whi	ch caused de o	th.)							
	AN	NTECEDENT	CAUSES		/p)						
	DISEASES C	OR CONDITI	ONS, IF ANY	, GIVING		AS A CONSE	QUENCE OF:				***********************
	RISE TO THE	ABOVE CA	USE (A) STAT	ING THE							
Z			TOTT ENOT		(c)						
Ĕ	OTHER CICAL	ISICA NIT CO	II	SAITBIBL	TINIC						
Ō	TO THE DEA	TH BUT NO	NDITIONS CO	THE TERM	MINAL						
CERTIFICATION			GIVEN IN PA			AC DEDECOR	AFD			DI ALITO	PSY? (Yes ar Na)
EB	ZUA. DATE OF	OPERATIO	14 20b. CON	MOIIION	FOR WHICH OPERATION W	AS PERFORM	AED				b213 (les al lea)
	0									no	
MEDICAL	UNDERLYING	NAL CAUSE			22B. PLACE OF INJURY (e.g., hame, farm, foctory, street, affic	in ar abaut e bldg., etc.)	NJURY OCCUR?	(if in 8altimo	re City, give exa	ct lacation)	
	UTING CA										
Σ	OF INJURY	Manth) (I	Day) (Year	) (Hau			22F. HOWDID IN	NJURY OCC	UR?		
	(APPROX.)					WHILE					
	23.						100		3,11 3		
	I cert	ify that I h	eld an l	nquiry	Inspection X Au	tap sy	and that an	this basis,	death In my	apinian	
	result	ed fram: N	latural cau	ses X	Accident Suicio	de H	omicide 🔲	Undetermi	ined manner		
			1		-/ 1		CHIEF MEDICAL	EXAMINER	X		
	ACTUAL		15 111	1000	XXIIIan /		ISTANT MEDICAL				DATE SIGNED
	SIGNATU		1-100	cy	M.C	).	OCIATE MEDICAL				
	EXAMINI NAME (T	vne) Rus	sell S	. Fi	sher, M.D.	A551	JCIATE MEDICAL	EXAMINER			3-20-72
	A. BURIAL CREA MOVAL (Specific	MATION,	248. DATE		24C. NAME of CEMETERY	or CREMAT	ORY 24D	LOCATION	(City, tawr	n, or county	) (State)
	Burial		3-21-7	12	Western Cem.			Balto	. Md.		
25.	A. DATE REC'D	BY HEALTH	DEPT.	258.	NAME OF REGISTRAR	25C.	FUNERAL DIREC	TOR	A	DDRESS	
	MAR 2	1 1972	Rober	& E.	Jackey M. D.	L	onard J	Ruck Ir	c. Balt	o. Md.	21214
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#1 Separation

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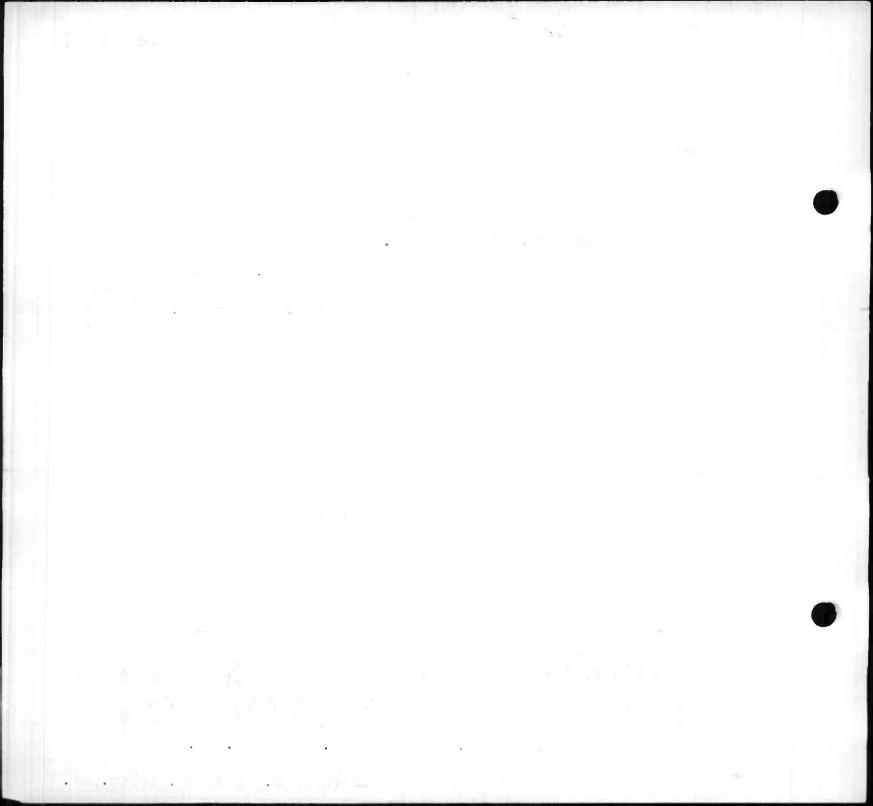
. BR . of Lat.

3-21-72 Mayners Dear

Leonard J Fack Inc. Halto. ed. 23214

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. IMPORTANT FUNERAL DIRECTOR:

	4-155	BALTIMORE CITY	HEALTH DEPARTMENT						
	12 UZ//3	CERTIFICA	TE OF DEATH	REG. NO.	2 02773				
	1. NAME OF DECEASED JOHN			NO HOUR OF DEATH	0.0110				
	ALBERT J. HOFFMA	4N Sr.		3/18/22	1 945 AM				
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNC	ED DEAD	A. STATE B. COUN	re deceased lived. Il institu ITY	lion: residence before admission)				
- 11	FULL NAME OF HOSPITAL OR INSTITUTION ADDRESS OR LOCATION)	N, GIVE STREET	MD. 1	D. INSIDE	CITY LIMITS?				
	MD. GENERAL HOSPITA	_	BALTIMORE E. STREET AND NUMBER	YE	NO NO				
	·		2817 Ros	ELANN AV	E.				
	6. RACE 7. MARRIED N	DIVORCED	8. DATE OF BIRTH 4/10/97	9. AGE (In years II last birthday) M	Under 1 %. If Under 24 Hrs. anihs Doys Hours Min.				
	10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUS done during most of working life, even if retired)	INESS OR INDUSTRY	11. BIRTHPLACE (State or fore	ign country) 1:	2. CITIZEN OF WHAT COUNTRY?				
	SuperMAtEndant Armco Stee	1 Co Ret.	PA.		0.5.				
	13. FATHER'S NAME		14. MOTHER'S MAIDEN NA	ME					
	Gottfried Hoffman		Gertrude	Obertin					
		SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS				
	yes	Jecokiii No.	"lbert J. Ho	ffman Jr. 7	702 Queen Anne				
	18. 4 2 3 . 9 1	CAUSE OF DEATH			APPROXIMATE INTERVAL				
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		0		BETWEEN ONSET AND DEATH				
$\ $	(This does not meen the made of dving, e.g.,	(A) IMMEDIATE CAU	SE Bronchopue CONSEQUENCE OF:	uemoria					
	heart failure, asthenia, etc. It means the disease, Injury or complication which caused death.)	Receh	ral infaict,	lelt					
	ANTECEDENT CAUSES	0		f of a land					
	DISEASES OR CONDITIONS, if any, giving		A CONSEQUENCE OF:	invascular a	10/22/				
	rise to the above cause (A) stating the UNDERLYING CONDITION last.	(c)							
		(0)							
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING								
	DISEASE OR CONDITION GIVEN IN PART 1 (A).								
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A-DATE OF OPERATION 19R. CONDITION FOR WHICH WAS PERFORMED  21A-ACCIDENT WAS UNDERLYING 1	H OPERATION	20A. AUTOPSY? (Yes or No	10 CERTIFYING CAUSES	INGS CONSIDERED 5 OF DEATH?				
	OR CONTRIBUTING CAUSE OF home, for etc.)	CE OF INJURY (e.g., in rm, factory, street, affi	or obout 21C. WHERE DID ce bidg., INJURY OCCUR?	(If In Boltimore Cit	y, give exact location)				
	S IOF INJURY	JRY OCCURRED	21F. HOW DID INJ	URY OCCUR?					
	(APPROX.) While At	Not While							
	22. I certify that (1) (this hospital) attended the de	ceased from	2/27	9 22 ta	3/18 1972				
	that (1) (we) last saw the deceased alive an	3/18	19 7 2 and the	ot in (my) (our) apinion	death accurred on the date				
and haur and from the causes stated above. (1) (We) (dld) (dld not) view the bady after death.									
23A. SIGNATURE  23B. DATE SIGNED  Attending Med. Stoff No. 3 - 8 - 3									
I	onetaetono r	DEGREE Phys.	Director L	Shaff Phys. 3	n-18-72				
	23C. PHYSICIAN'S NAME (Type)		BD. ADDRESS	en m					
	MICHASE COASSO	MD. DEGREE	manylend.	Deren	long.				
1	REMOVAL (Specify)	of CEMETERY or CREA	9		wn, or county) (Stote)				
1	Burial 3/21/72 Balto 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF RE	. Nationa	25C. FUNERAL DIRECTOR	lto. Md.	ADDRES				
	MAR 21 1972 R. G. E. Fallen		E*3 4 6	Puels The I	ADDRESS 301+0 Md				
IF	'S 150-REV. 171768	10 mg	ELeonavo O.	Ruck Inc. B	Darto. Mu.				



VS 151-REV. 1/1/68

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MEDICAL	<b>EXAMINER'S</b>	CERTIFICATE OF	DEATH	72

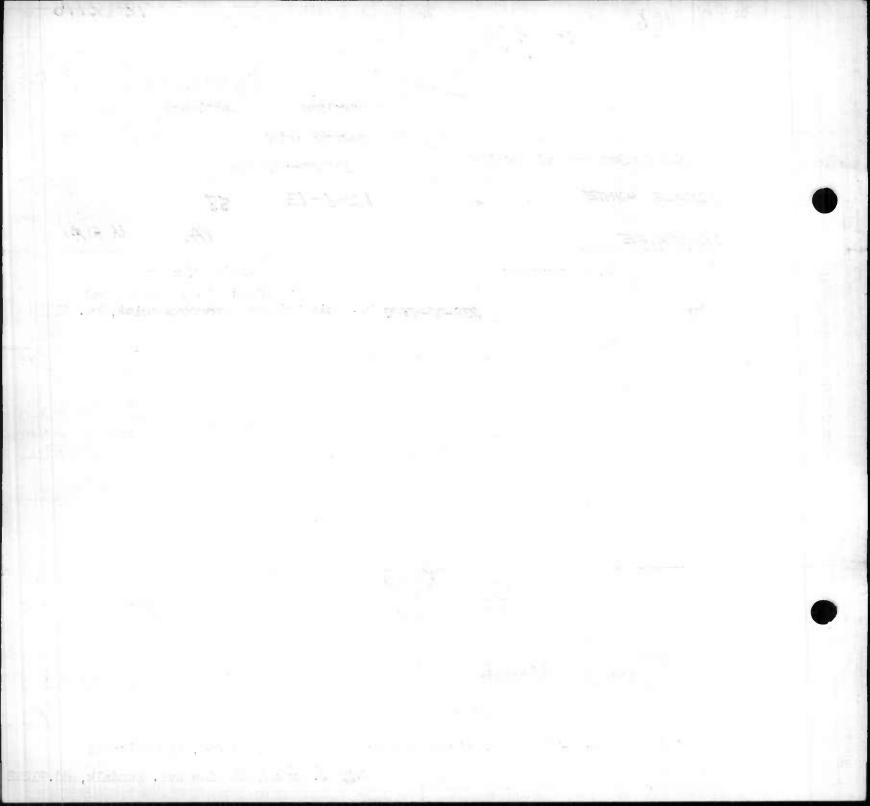
1	1-52C		MED	ICAL		AMINER'S			OF D	EATH	H REG. NO	72 (	277	4
_	TH NO.	FASED	L.				2. DATE	Known [	7 .	Aanth	Day	Year	Hour	
	e or Print)	LAWRENCE		IG			OF DEATH	Estimated	_		00,		1.00	44
4.	PLACE IN BAL				ONO	UNCED DEAD	3. DATE			Aonth	Day	Yeor	Hour	М.
HO	L NAME OF SPITAL INSTITUTION	(IF NOT I	N HOSPITA	L OR INST	OITUTIO	N, GIVE STREET		JNCED DEAD	M		18,197		1:1	-141.
0	1)	• 11 A					A. STATE		_		COUNTY	ni. residence	To the contract of the contrac	41
6	3901 W	ilke Ave	enue	8		T [97]	C CITY OF	Marylan	10		D. INSIDE C	ITV HAITS?		1 1
0					_	NEVER MARRIED								
0.1	Male	White	0. AGE (In	WIDOW		DIVORCED Liter 1 Yr. If Under 24 Hrs.		imore	D			ES X	NO L	
7. [		1	ast birthday	()	Month	s Days Hours Min.								
11	5/3/191		58	葱兔	10 61	TIZEN OF	390 L	Wilke A	venu	ıe				
11.	BIRTHPLACE (S	idle or foreign	country)			HAT COUNTRY?		sse Ki	ing					
146	Md.	DATIONI/C:	:	4R VINIE		USINESS OR INDUSTRY			_					
dan	e during mast of v			AD. KIIAL	OFB	03114E33 OK 114D031K1	-	na	IAWME					
	Seaman	ED EVED IN II	C ADMED	FORCE	2 1	17. SOCIAL	18. INFOR					DDRESS		
(Ye	WAS DECEAS s, no or unknown)	(If yes, give wo	r or dates	of service	)	214-01-81		7.0	nhi o	Kin	g sam			
	yes							501	DILLE	KIII	g sam		PPROXIMATE	INTERVAL
	19. 4/2	141				CAUSE OF DEA						VT38		AND DEATH
		E OR CONDIT		CTLY		Arteri	osclero	tic car	cdiov	ascu]	ar dis	ease		
		LEADING TO D of meon the m		no e e		(A)IMMEDIATE								400004000000
	heort foilure	, asthenia, etc. It aplication which	means the	diseose,		DUE 10, OR A	AS A CONSEC	UENCE OF:						
NOI	DISEASES O	NTECEDENT CA DR CONDITION E ABOVE CAUS NG CONDITION	NS, IF ANY SE (A) STAT IN LAST.	, GIVING ING THE		(B) DUE TO, OR	AS A CONSE	QUENCE OF:						
CERTIFICATION	TO THE DEA	HEICANT COND ATH BUT NOT R CONDITION G	ELATED TO	THE TERM										
١.	20A. DATE OF	OPERATION	208. CON	DITION	FOR W	VHICH OPERATION W	AS PERFORA	1ED				21. AUTO	OPSY? (Ye	s or No)
EDICAL	UNDERLYING	NAL CAUSE WOLLD OR CONTR	RIB-		22B. <b>Pl</b> ham e,	ACE OF INJURY(e.g., form, factory, street, offic	in ar about e bldg., etc.)	22C. WHERE I NJURY OCCU	DID (If in UR?	n 8altimore	City, give e	coct location)		
Σ		(Month) (Do	-	) (Hou	W		WHILE	2F. HOW DII	D INJUI	RY OCCU	R?			
		ify that I hel					tapsy 🗌	and that			death in my			
	ACTUAL SIGNATI EXAMIN	URE 1 2	of I	1/6	1	M.D	. ASS	CHIEF MEDIC STANT MEDIC	CAL EXA	MINER	\(\text{\tint{\text{\tin\text{\texi}\text{\text{\texi}\tint{\text{\text{\text{\text{\text{\texi}\text{\texi}\tint{\text{\texit{\texi}\tittt{\texi}\tint{\texit{\texi}\text{\texi}\text{\texi}\ti		DATE SIG	
	NAME (1		ald N.	Kor	nb11	um, M.D.	M33(	CIMIC MICDIO	ONE ENA					
24 RE	A. BURIAL CREA	MATION, 248	B. DATE			NAME of CEMETERY		DRY		CATION		vn, or county	) (S	itote)
	Buria		/22/7	72	M	eadow Ridg	e		I	Jorse	ey, Mo			
25	MAR 21	1972	Be & E	77 /	Bey,	A.D.		eonard		Ruck		ADDRESS Balt	. M	ld.

white make with on with billion of the . . . . . He the sale of t

1	B-650 72 02775 BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH REG. NO. 72 02775
of deatl Oecease e on th	1. NAME OF DECEASED (Type or Print)  Elizabeth C. Beran  3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD  4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission)
ise o (5) D ance deat	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD  FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET  HOSPITAL OR ADDRESS OR LOCATION)  C. CITY OR TOWN  D. INSIDE CITY LIMITS?
rior atte	3010 Clearview Ave.  Baltimore  E. STREET AND NUMBER
ar de la	S. SEX   6. RACE   7. MARRIED   NEVER MARRIED   8. DATE OF BIRTH   9. AGE (In years   1) Under 1 Vr.   11 Un
ontribut ermined regular eased p	F W WIDOWED DIVORCED Jan. 6, 1924 48 Doys Hours Min.
or or or s in dec	at home Baltimore, Md. USA
= %	THE MAINTER NAME
dir ath	John William Freeburger    15, Wos Deceased Ever in U. S. Armed Forces?   16, SOCIAL   17, INFORMANT     (Yes, no or unknown) (If yes, give wor or doles of service)   16, SOCIAL   17, INFORMANT     ADDRESS   17, INFORMANT
ナオタのに	no 212-22-8766 Albert W. Beran same
fany fany nced enda	18. / C 2 . APPROXIMATE INTERVAL
04 - 00	DISEASE OR CONDITION DIRECTLY
er. Als cture o pronou ar att balme	(This does not meen the mode of dying, e.g., heart loilure, asthenia, etc. II means the disease, injury or complication which coused death.)  (A) IMMEDIATE CAUSE Caranana Branchagenia 6 mos.  DUE TO, OR AS A CONSEQUENCE OF:
fract fract 10 pr gula emb	ANTECEDENT CAUSES
exan (3) A in wh in re	DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS A CONSEQUENCE OF:  nise to the above couse (A) stoling the UNDERLYING CONDITION tost.  (C) (C)
edical burns; hysicia n was remain	
medical y burns; physicia ian was e remain	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING ITO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  1794. DATE OF OPERATION 1998. CONDITION FOR WHICH OPERATION 1204. AUXONOMA (V. p. N. V. 208. IF
by a me 2) Body br re the ph physician fore the re	None WAS PERFORMED NO IN CERTIFYING CAUSES OF DEATH?
ital e; ( he No be(	OR CONTRIBUTING CAUSE OF home, form, foctory, street office bidg. INJURY OCCUR?
osp pt v (6)	21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?  While At Work At Work
the hany ne (excel); and	22. I certify that (1) (this hospital) attended the deceased fram 10 May 19 US to 18 March 19 72
000	that (1) (we) last saw the deceased alive an 16 march 19 72 and that in(my) (ewe) apinion death accurred an the date
sed to ent of spital leath)	and haur and fram the causes stated above. (1) (We) (did) (did net) view the body after death.
BODE	Educated L.J. Mal M. D. Attending Med. Staff 23B. DATE SIGNED  23B. DATE SIGNED  23B. DATE SIGNED  23B. DATE SIGNED  20 march 72
acci a h br to	23C. PHYSICIAN'S
y was r 1) An a 2.A. at d prior	Edward J. Molz 7425 Harford Road Battle Mal 21234
- M	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, or county) (State)
ws: D.O.	Burial 3/21/1972 Holy Redeemer Baltimore, Md
the body shows: (1) was D.O. deceased written a	Burial 3/21/1972 Holy Redeemer Baltimore, Md.  25A. DATE REC'D BY HEALTH DEPT. 258 NAME OF REGISTRAR Chas. F. Evans & Son 8802 Harford Rd.
	VS 150-REV. 1/1/68

6 5 50 100 E- DC- II 

	M-1166		BALTIMORE CITY	HEALTH DEPARTMENT		72 02776			
B	72 RTH NO.	0277	6 CERTIFICA	TE OF DEATH	REG. NO				
1,	NAME OF DECEASED Bertha	E. Mil	er	2. DATE	AND HOUR OF DEATH				
	ype or Print) BERTHA		ILLER		3/17/7	2 1 2.20 FM			
Ш	PLACE IN BALTIMORE, MARYLAND, W			4. USUAL RESIDENCE (Where deceased lived, II institution: residence before admission)					
H	ULL NAME OF (IF NOT IN HOSPIT OSPITAL OR ADDRESS OR LOCA	AL OR INSTITATION)	TUTION, GIVE STREET	Maryland C.	Baltimore				
11		EVERA	AL HOSPITAL	Sparrows Poin		YES X NO X			
10	North Charles Genera	l Hogni	ital	E. STREET AND NUMBER		100			
		*		1332 Fores	t Road				
11	SEX 6. RACE WHITE	7- MARRIED WIDOWED	NEVER MARRIED DIVORCED	12-8-83	9. AGE (In years lost birthday) 88	If Under 1 Yr. If Under 24 His. Months Doys Hours Min.			
	A. USUAL OCCUPATION (Give kind of world			11. BIRTHPLACE (Stote of	oreign country!	12. CITIZEN OF WHAT COUNTRY?			
	ne during most of working life, even if relired)  HOUSEWIFE			CHA THONSTO	XUN, PA.	U. S.A.			
	FATHER'S NAME	1		14. MOTHER'S MAIDEN	IAME				
	John Goud				Mariah Wla	ters			
15.	. Was Deceased Ever in U. S. Armed For es, no or unknown! (If yes, give war ar date	ces? s of service)	16. SOCIAL SECURITY NO.	-		Forest Mess			
	Noo		,218-30-6912	rans Lois Reig	hard Sparrow	Point, Md. 021219			
	18. 440.9		CAUSE OF DEATH	1		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH			
	DISEASE OR CONDITION DI	RECTLY		Bron of	4.4	· · · · · · · ·			
	1This does not mean the mode of heart initure, asthenia, etc. it means	dying, e.g.,	(A) IMMEDIATE CAU	A CONSEQUENCE OF:	· opsuum	ama G Got 70.			
	injury ar camplication which caused	death.1		<i>D</i> • 1		,			
	ANTECEDENT CAUSES		(B) gen	abriel out	iniosolisas	us years			
1	DISEASES OR CONDITIONS, if	ony, giving		A CONSEQUENCE OF:	outh obsom	Chain amodiene			
	UNDERLYING CONDITION last	sidning me	(c) lun	commo c	vrem a	Year			
ATION	OTHER SIGNIFICANT CONDITIONS CO	IE TERMINAL							
ICA	19A. DATE OF OPERATION 19B. CON	DITION FOR	WHICH OPERATION	20A. AUTOPSY? (Yes or	Nol 208, IF YES, WERE	FINDINGS CONSIDERED			
CERTIFIC	O WAS PERI			No	IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?			
11	OR CONTRIBUTING CAUSE OF	21 B hon	PLACE OF INJURY le.g., in ne, farm, foctory, street, aft	or about 21C, WHERE DID	(if In Baltimo	re City, give exoct location)			
MEDICAL	DEATH (notify medical examined	eic.							
MED	OF INJURY (Month) (Doy) (Year		INJURY OCCURRED  Not White	21F. HOW DID I	NJURY OCCUR?				
	(APPROX.)	Wo	At Work						
	22. I certify that (1) (this hospital		he deceosed from	3/11	_19 72 to	3/17 19 73			
	that (i) (we) lost sow the decease		3/17			nion death accurred on the date			
ond hour and from the causes stated abave. (1) (We) (did) (did nat) view the bady after death.  23A. SIGNATURE  23B. DATE SIGNED  Attending Med. Staff No. 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1									
									Clema Sathington Med. Director Director Shaff & 3/17/72  23C. PHYSICIAN'S NAME (Type)  23D. ADDRESS
	NAME (Type)								
24	A. BURIAL CREMATION, 248. DATE	24C.N.	AME of CEMETERY OF CRE	1 0 K T 1-) MATORY   24D.	LOCATION ICI	ty lown or county) (Sintal			
	Burial 3-21-72	He	eadricks Cemete		Johnstown D	annerel mani e			
25.	A. DATE REC'D BY HEALTH DEPT.	258 NAME C	OF REGISTRAR	25C. FUNERAL DIRECT	Johnstown, Pe	ADDRESS			
	MAR 21 1972 36.6	E. Fall				ve. Dundalk, Md.21222			
VS.	150-REV. 1/1/68								

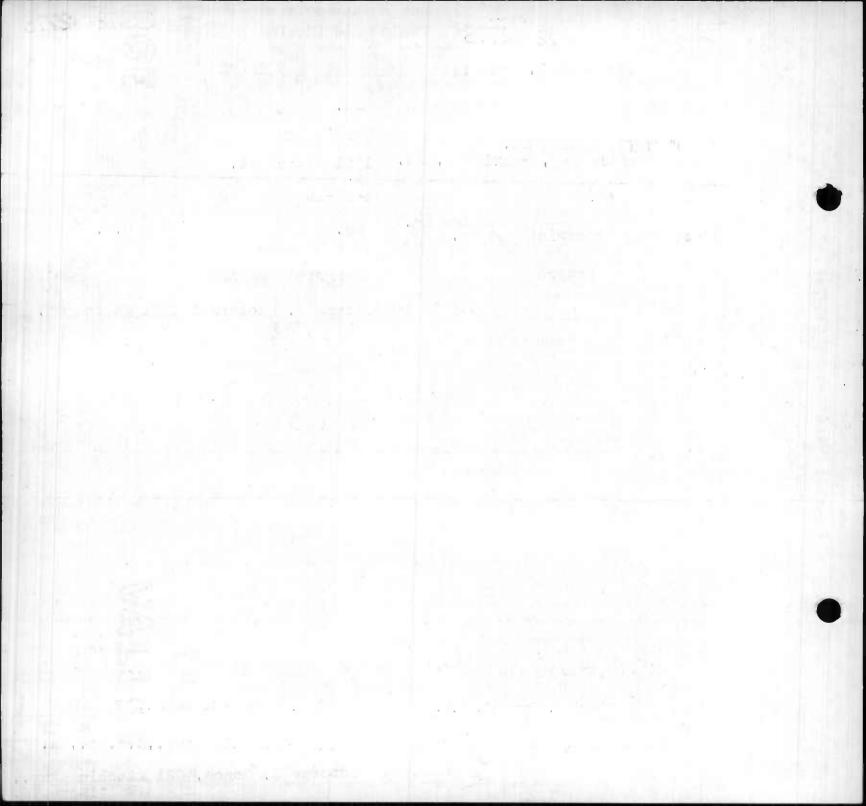


I in a hospital and ng cause of death cause; (5) Deceased Such Lo death. attendance or contributing cause 0 prior occurred (4) Undetermined in regular is mad deceased or final disposition death Was the direct assistant if death 60 kind; attendance any who pronounced or his bemladme fracture of regular examiner examiner. before the remains are 9 2 physician chief medical WOS medical burns; (6) No physician An accident of any nature; (2) Body the 8 the where to the hospital approved by obtained (except death); and pe hospital the body was released must 0 approval O prior certificate ţ D.O.A. shows: (1) eceased decease Was

BALTIMORE CITY HEALTH DEPARTMENT 72 02777 REG. NO CERTIFICATE OF DEATH LNAME OF DECEASED Sophie Le islak 2. DATE AND HOUR OF DEATH (Type or Print) 0 0 6 3. PLACE IN BALTIMORE MARYLAND, WHERE PRONOUNCED DEAD USUAL RESIDENCE (Where deceased lived, If institution; residence before admission) R. COUNTY Baltimore FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION! C. CITY OR TOWN Edgemere D. INSIDE CITY LIMITS? YES -NOK E. STREET AND NUMBER 2317 Ruth Avenue 231 0 5. SEX 6. RACE & DATE OF BIRTH If Under 1 Yr. Il Under 24 Hrs. 9. AGE (In years MARRIED THEVER MARRIED lost birthday White Remale WIDOWED DIVORCED 10A USUAL OCCUPATION (Give kind of working, KIND OF BUSINESS OR INDUSTRY 112 BIRTHPLACE (State or foreign country 12 CITIZEN OF WHAT COUNTRY? done during most of working life, even if refired) Housewife 13. FATHER'S NAME 4 MOTHER'S MAIDEN NAME Joseph Lewczak Mary 15. Wee Decessed Ever in U. S. Armed Ferces? (Yes, no or unknown) (If yes, give war or dotes of service) 7. INFORMANT Husband : 6 SOCIAL 2317 Ruth Avenue SECURITY NO. 21.3-07-3038用 Mr. James L. Lejsiak Balto. Md. 21219 No CAUSE OF DEATH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH DISEASE OF CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF heart failure, asthenia, etc. it means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DUE TO, OR AS A CONSEQUENCE OF DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION lost H CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A-DATE OF OPERATION 19A CONDITION FOR WHICH OPERATION WAS PERFORMED 20B, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 20A AUTOPSYS (Yes or No! Yes 218. PLACE OF INJURY (e.g., in or about 21C, WHERE DID home, farm, factory, steet, office bldg., INJURY OCCUR? 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (If in Boltimore City, give exact location) MEDICAL DEATH Inotify medical examined (Month) (Day) (Year) (Houd 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY While At Not While IAPPROXI Work 22. I certify that (i) (this hospital) attended the deceased from 19 that (1) (we) last saw the deceased alive on, and that in(my) (our) opinion death occurred on the date and hour and from the causes stated above. (i) (We) (did) (did not) view the body after death. 238, DATE SIGNED Attending Med. Director Phys. 3C. PHYSICIAN'S 23D. ADDRESS NAME IType M.D. DAVIdSON 24A. BURIAL CREMATION, 24C. NAME of CEMETERY of CREMATORY REMOVAL (Specify) Burial March 20, 1972 Sacred Heart of Mary Cem. Baltimore. 25A. DATE REC'D BY HEALTH DEPT. 25C. FUNERAL DIRECTOR 258. HAME OF REGISTRAR Duda 7922 Wise Ave. Dundalk, Md. VS 150-REV. 1/1/68

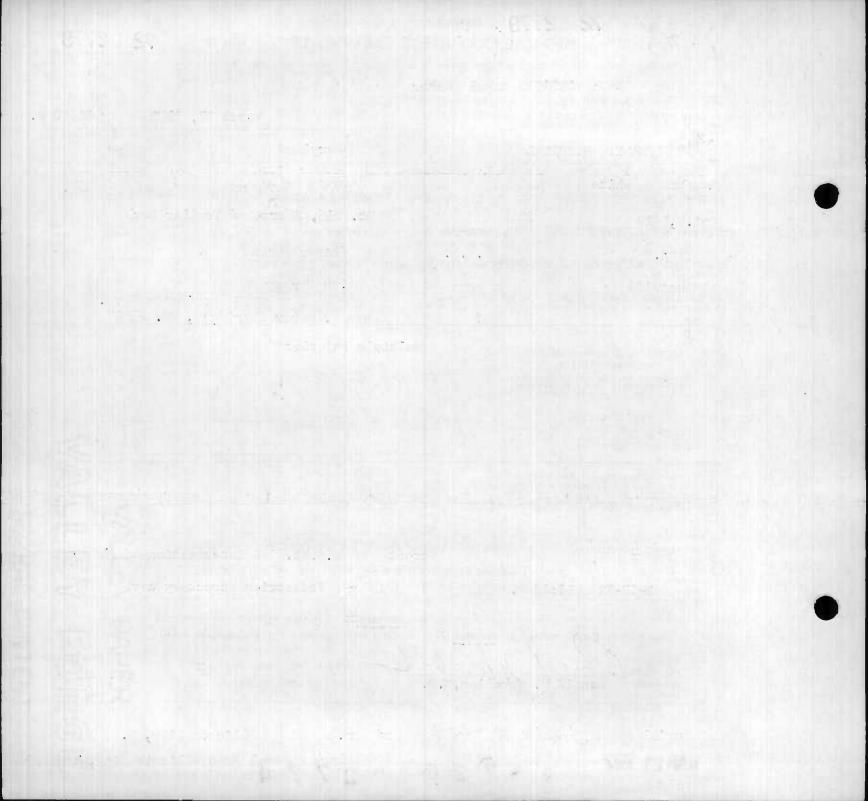
2-24h CEPTIFICA		70 0000
1 NO. 10 72 12/18 CERTIFICA	TE OF DEATH REG. NO.	72 02778
Florence M. Stolarski	2. DATE AND HOUR OF DE  3 16 72  14. USUAL RESIDENCE (Where deceased lived	10:00 A
	Md.	1NSIDE CITY LIMITS?
1301 Church St.	Curtis Bay	YES NO NO
X 6. RACE 7. MARRIED NEVER MARRIED	8, DATE OF BIRTH 9. AGE (In years	If Under 1 Yr. If Under 24 Hrs Months Ooys Hours Min.
during most of working life, even if retired) Spice Co.		12. CITIZEN OF WHAT COUNTRY
ATHER'S NAME	14. MOTHER'S MAIDEN NAME Margaret Weeking	
as Deceased Ever in U. S. Armed Forces?  no or unknown) (If yes, give wor or dates of service)  1 6. SOCIAL SECURITY NO.		1301 Church St.
LEADING TO OEATH  (This does not meen the mode of dying, e.g., heart foilure, osthenio, etc. It means the disease, injury or complication which coused death.)  ANTECEDENT CAUSES  DISFASES OR CONDITIONS, if ony, giving rise to the obove couse (A) stating the	A CONSEQUENCE OF: Herentieted Caren	wowa of
TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	20 A. AUTOPSY? (Yes or No) 20B. IF YES, V	VERE FINDINGS CONSIDERED G CAUSES OF DEATH?
21A. ACCIDENT WAS UNDERLYING  DR CONTRIBUTING CAUSE OF  DEATH (notify medical examiner)  21B. PLACE OF INJURY (e.g., in home, form, foctory, street, of etc.)	n or obout 21 C. WHERE DID (If in 80 ffice bldg., INJURY OCCUR?	oltimore City, give exact location
OF INJURY While At Not While		
that (1) (we) last saw the deceased olive an	19ta 19ond that in(my) (aur	
3A. SIGNATURE COLOR Bamethy DEGREE Physician's	ending Med. Shaff	17 March 72
NAME (Type)	3001 S. HanoverSt. B	Balto., Md. 21230
1 CTET (200 220)	1301 Church St.   Curtis Bay, Baltimore, Md.	L NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET  SPRIALOR  1301 Church St.  Curtis Bay, Baltimore, Md.  1301 Church St.  Curtis Bay, Baltimore, Md.  EX

19 ion death accurred on the date 23B. DATE SIGNED o., Md. Goeorge J. Gonce, 4001 Ritchie Hgwy. Baltimore, Md. , A. A. Co., Md.



)-260 BIRTH NO.	7	MED	779 ICAL	BAL	TIMORE CITY HE	ALTH DEPARTMENT CERTIFICATE OF D	DEATH REG. NO	72 02779
Type or Print)	GRACE	DASH	NER Je	well	Dasher	2. DATE Known \( \sigma \) NOF DEATH Estimated \( \sigma \)	Month Doy	Year Hour
FULL NAME OF HOSPITAL OR INSTITUTION	(IF NO	T IN HOSPITA SS OR LOCA	L OR INSTI			3. DATE	rch 17, 197 ceosed lived. If institution B. COUNTY	Yeor Hour 12:00 P. M. on: residence before odmission)
6. SEX	VERSITY 17. RACE	HOSPII	la .	487		C. CITY OR TOWN 21227	ID INISIDE	Howard (0 5 1 1
Female	White				EVER MARRIED .	Toogum		
9. DATE OF BIR			WIDOW		Yr, If Under 24 Hrs.	E. STREET AND NUMBER	ie i	YES NO NO
Oct. 7,19		lost birthdo	52		Poys   Hours   Min.	Rt. #16, Sherrwood	od Trailer	Park
11. BIRTHPLACE				2. CITIZ	EN OF	13. FATHER'S NAME		
Tenn.				4.6	COUNTRY?	Flaner Purkey	T	
4A.USUAL OCC	UPATION (Give	e kind of work	4B. KIND	OF BUSII	NESS OR INDUSTR	15. MOTHER'S MAIDEN NAME	7	
done during most of Housew	1.0	en itretired)	2	t ho	me	Ellen Purkey		
16. WAS DECEA	SED EVER IN	U.S. ARMED	FORCES?	17.	SOCIAL	· · · · · · · · · · · · · · · · · · ·	08 Washingt	ADDRESS
(Yes, no or unknov NO	in yes, give v	vor or dotes	or service)	2	SECURITY NO.	John E. Dasher Elk		
19.E 8	14.7				CAUSE OF DEA			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEA	SE OR COND	ITION DIREC	CTLY		Mu1t	iple Injuries		
	LEADING TO	DEATH			(A)IMMEDIATE	CAUSE		
heort foilu	not mean the re, asthenia, etc. omplication which	, It meons the	diseose,			AS A CONSEQUENCE OF:		
DISEASES RISE TO T	ANTECEDENT S OR CONDITION HE ABOVE CAN 'ING CONDITION	ONS, IF ANY USE (A) STAT ION LAST.	, GIVING ING THE		(B)	AS A CONSEQUENCE OF:		
O THE D	SNIFICANT CON EATH BUT NOT OR CONDITION	RELATED TO	THE TERMI		**************************************			
20A. DATE				OR WHI	CH OPERATION W	AS PERFORMED		21. AUTOPSY? (Yes or No) yes
UNDERLYIN UTING C  22D. TIME OF INJURY	ERNAL CAUSE NG STOR CON CAUSE OF DEA (Month) (D 3-17-72	TRIB- TH. Doy) (Yeor		22E.IN	Street	22F. HOW DID INJUR	Intersection	on of Sherwood Drive
23.	ortify that I h	eld an I	nquiry [	] Ins	pectian Au	tapsy 🕱 and that on this	basis, death in m	y apinian
ACTUA SIGNA EXAM	TURE 4	onald N	12	1/6	Suicing, M.D.	CHIEF MEDICAL EXA	MINER X	DATE SIGNED 3/18/72
24A. BURIAL CR REMOVAL (Spe	EMATION, 2	4B. DATE		24C. N	AME of CEMETERY	ar CREMATORY 24D. LO	CATION (City, to	wn, or county) (State)
Buria 25A. DATE REC	The state of the s	3/22 DEPT.	/72  258 N		od Shepher	25C. FUNERAL DIRECTOR	llicott Cit;	ADDRESS
MAR 2	1 13/6	The second	35		The state of the s	Slack Funeral	Home, Ellic	ott City, Md 21043

VS 151-REV. 1/1/6B



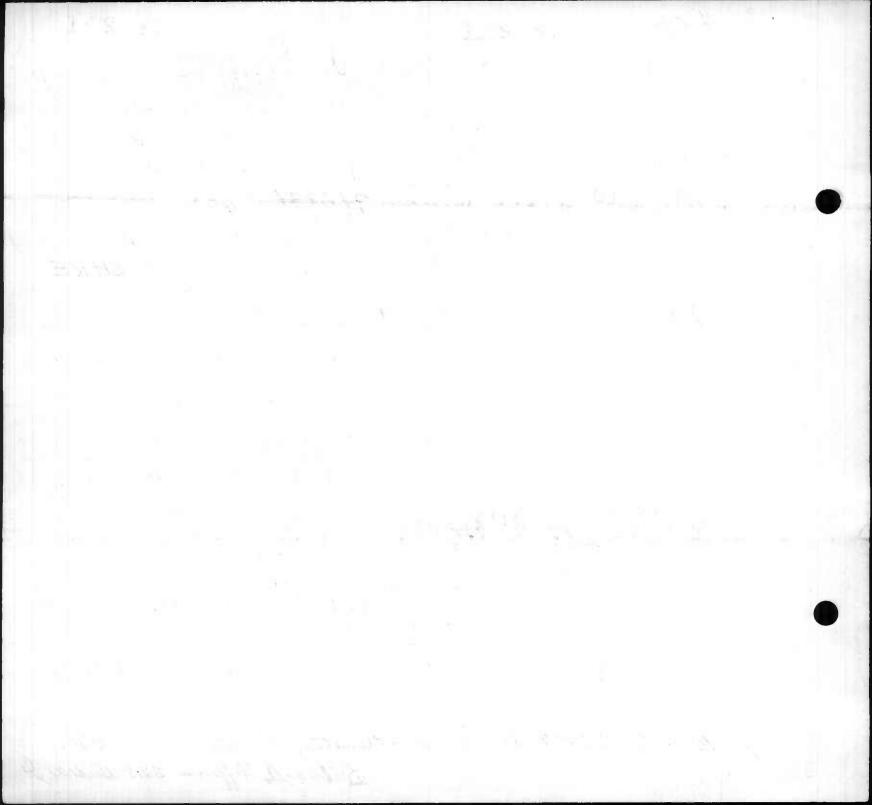
D 270 72 0278 BALTIMORE CITY HE	EALTH DEPARTMENT
1-350 MEDICAL EXAMINER'S	CERTIFICATE OF DEATH REG. NO. 72 02780
1. NAME OF DECEASED (Type or Print)  ROBERT PAYTON	2. DATE Knawn   Manth Day Year Hour OF DEATH Estimoted   M
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL ADDRESS OR LOCATION)	3. DATE Month Doy Year Hour PRONOUNCED DEAD March 18, 1972 12:10 A.
SOUTH BALTO. GENERAL HOSPITAL	5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY Anne Arundel
6. SEX 7. RACE B. MARRIED NEVER MARRIED Male White WIDOWED DIVORCED	C. CITY OR TOWN D. INSIDE CITY LIMITS?
9. DATE OF BIRTH 10. AGE (In years If Under 1 Yr. If Under 24 Hrs. lost birthdoy), Months, Doys, Hours, Min.	E. STREET AND NUMBER
11. BIRTHPLACE (State or foreign country)  Manuland  12. CITIZEN OF WHAT COUNTRY?	13. FATHER'S NAME
14A. USUAL OCCUPATION (Give kind of work 14B. KIND OF BUSINESS OR INDUSTR done during most of working life, even if retired)	
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dotes of service)  17. SOCIAL SECURITY NO.	Charlotte (ampbell   Address   21225   Charlotte (ampbell   Address   Addres
9 es Konean 212-26-1062  19.4/2.4/1  CAUSE OF DEA	Laura J. Payton (Wife) 324 (hurch St., Balto.  APPROXIMATE INTERVAL  BETWEEN ONSE! AND DEATH  LOSCIErotic cardiovascular disease
LEADING TO DEATH (A)IMMEDIATE	CAUSE
heort failure, asthenia, etc. It means the disease, Injury or complication which coused death.)	AS A CONSEQUENCE OF:
ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE	AS A CONSEQUENCE OF:
UNDERLYING CONDITION LAST. (C)	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W	
	VAS PERFORMED  21. AUTOPSY? (Yes or No)  no
228. PLACE OF INJURY(e.g., home, form, foctory, street, office uting Cause of Death.	, In or obout 22C. WHERE DID (If in Boltimore City, give exoct location) ce bldg., etc.) INJURY OCCUR?
	T WHILE WORK
	utopsy Ond that on this basis, death In my opinion
ACTUAL SIGNATURE  Resulted from: Notural causes X Accident Suiet  M.C. Accident M.C. A	CHIEF MEDICAL EXAMINER DATE SIGNED  ASSISTANT MEDICAL EXAMINER
EXAMINER'S NAME (Type) Ronald N. Kornblum, M.D.	ASSOCIATE MEDICAL EXAMINER 3/18/72
24A. BURIAL CREMATION, REMOVAL (Specify)  Burial  3/22/72  24C. NAME of CEMETERY  (edan Hill (	
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS  Mc (ully 1.44.237 Patapsco Ave., Balto. 21225)
VS 151-REV 1/68	( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( )

chare sturded June 35, 1929 . . U.S.A. Acamies Fautan Law Sylvacement Charlotte Carried! Detectine . 212-26-1012 Laure J. Payton (Illiary 24 (June) St., with Yes Kozega Surial 3/22/72 (who Hill overtery two humbel (a. shallar, Mil.

The second state of the se

was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased

H-545 72 02781 CERTIFICATE OF DEATH REG. NO. 72 02781
1. NAME OF DECEASED  (Type or Print) HAMMELMAN PAUL U. 2. DATE AND HOUR DE DEATH  (Type or Print) HAMMELMAN PAUL U. 3/19/72 + 5.30 D.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD  4. USUAL RESIDENCE (Where deceosed lived, If institution: residence before odmission in the state of the
BALIO ME 21231 BALIO ME 21231 E. STREET AND NUMBER 922 S CURLEY ST.
5. SEX    6. RACE   7. MARRIED   NEVER MARRIED   8. DATE OF BIRTH   9. AGE (In yeors lift Under 1 Yr. If Under 24 Hr. Months Days Hours Min. Months Days Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country)  done during most of working life, even if retired)  AMERICAN  AMERICAN
13. FATHER'S NAME  MARRY HAMMELMAN 14. MOTHER'S MAIDEN NAME  ELIZABETH TRUSHKE
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) [III yes, give war or dates of service]  16. SOCIAL SECURITY NO.  2.16 24 2621 Dr. Multi-
DISEASE OR CONDITION DIRECTLY  CAUSE OF DEATH  APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT
(This does not mean the mode of dying, e.g., heart failure, astheria, etc. It means the disease, injury ar camplication which caused death.)  (A) IMMEDIATE CAUSE  DUE TO, OR AS A CONSEQUENCE OF:
DISEASES OR CONDITIONS, if any, giving  (B)  DUE TO, OR AS A CONSEQUENCE OF:
ise to the above couse (A) stoling the UNDERLYING CONDITION tost. (C) POIT OP. BLEEDING D. W. 8004.
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  UNIVERSE OR CONDITION 198 CONDITION FOR WHICH OBSERTION.
19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?  27A ACCIDENT WAS UNDERLYING 21B. LACE OF INJURIELE, in or obout 21C. WHERE DID OR CONTRIBUTING CAUSE OF CAUSE OF CAUSE OF CAUSE OF CONTRIBUTING CAUSE OF C
OF INJURY OCCUR?
While At At Wark  22. I certify that (I) (this hospital) attended the deceased from 3/11 19 72 to 3/19 19 7
that (1) (we) last saw the deceased alive an 19 19 2 and that in (my) (eur) opinion death accurred an the dat and haur and from the causes stated above. (1) (We) (did not) view the bady after death.
23A. SIGNATURE  AMOUL  Attending Med. Shaff Staff Staf
23C. PHYSICIAN'S NAME (Type)  AT HULL MEHT A MD DEGREE  24A. BURIAL CREMATION, 124B. DATE  124C. NAME of CEMPTERY OF CREMATION  24A. BURIAL CREMATION, 124B. DATE
Burel 3-23-12 Sacred Heartlemetry Balto. (City, town, or county)
MAR 21 1972 State of Registrar 250. Funeral birector Hoffmann 3218 Address W. VS 150-REV. 1/1/68



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1	1-300 72 0278	2 BALTIMORE CITY	HEALTH DEPARTMENT	PEG NO PO	0.0700
	RTH NO.	CERTIFICA	TE OF DEATH	REG. NO.	
	PE OF DECEASED			D HOUR OF DEATH	
3,	PLACE IN BALTIMORE, MARYLAND, WHERE P	RONOUNCED DEAD	4. USUAL RESIDENCE (Where	19:72 e deceased lived, If institution TY	7:15 A M. residence before admission)
H	ILL NAME OF (IF NOT IN HOSPITAL OR I ADDRESS OR LOCATION)	NSTITUTION, GIVE STREET	MARYLAND CCITY OR TOWN	BALTIME D. INSIDE CIT	
7	+5		E. STREET AND NUMBER		_ / _
-2	THE GOOD SAPARITA	N HOS PUTAL	12.16 Hame	ENSOND AVE.	21202
5.	SEX 6. RACE 7. MAR	RIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH	9. AGE (In years II Un Month	der 1 Yr. II Under 24 Hrs.
dor	N. USUAL OCCUPATION (Give kind of work 108. Kind of work 108. Kind of working lile, even if refired)	To of Business OR INDUSTRY	11. BIRTHPLACE (State or lorein		S . A
13.	FATHER'S NAME	our r 10-villos	14. MOTHER'S MAIDEN HAN		7. 3 /
	Cleas. Johnson		Sosphi	e 5	
15. (Ye	Was Decoased Ever id U. S. Armed Forces? s, no or unknown) (II yes, give wer or dates of ser	icel SECURITY NO.	17- INFORMANT	. /	ADDRESS
	20	216-18-0219	Carrie Carisi	m -1216 Hon	rewoodane
	DISEASE OR CONDITION DIRECTLY	CAUSE OF DEATH			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	LEADING TO DEATH (This does not mean the mode of dying,	(A) IMMEDIATE CAU		MRKEST	THAT PART
	heart failure, asthenia, etc. It means the dis injury or camplication which caused death.)	ease, DUE TO, OR AS	CONSEQUENCE OF:		
	ANTECEDENT CAUSES	(B)	MUSTIPLE DE	CEMT	184.
	DISEASES OR CONDITIONS, if any, g	iving DUE TO, OR AS	A CONSEQUENCE OF:	Ų.	
	UNDERLYING CONDITION last.	(c)	CACHESIA	****************************	1XR
z	11				
CATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUT TO THE DEATH BUT NOT RELATED TO THE TERMI DISEASE OR CONDITION GIVEN IN PART 1 (A).	NAL			***************************************
ERTIFIC	19A-DATE OF OPERATION 19B. CONDITION WAS PERFORMED	FOR WHICH OPERATION	20A. AUTOPSY? (Yos or No)	20B. IF YES, WERE FINDING IN CERTIFYING CAUSES OF	S CONSIDERED F DEATH?
CALC	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examined	218. PLACE OF INJURY (e.g., in home, form, foctory, street, off etc.)	or obout 21C. WHERE DID ice bidg., INJURY OCCUR?	(II In Boltimore City, g	ive exoct location)
NEDIC.	21D-TIME (Month) (Doy) (Year) (Hour) OF INJURY	21E INJURY OCCURRED	21F. HOW DID INJU	IRY OCCUR?	
\$	(APPROX.)	While At Work At Work			
	22. I certify that (I) (this haspital) attend	led the deceased fram		9ta	19
	that (1) (we) last saw the deceased allve	an	19and tha	t in(my) (aur) apinian de	ath occurred on the date
	and haur and from the causes stated above	re. (1) (We) (dld) (dld nat) vi	ew the bady after death.		
0	23A. SIGNATURE				ATE SIGNED
	William A. Carter	M. U. OEGREE Phys.	ding Med. S	Staff Dhys.	19.72
	NAME (Typel	2	3D. ADDRESS		
244	BURIAL CREMATION, 24B, DATE 12	C. NAME OF CEMETERY OF CREE	THE GOTON SAMI	ARITAN HOSE	ITAL
	BURIAL CREMATION, 248. DATE	^	MATORY 24D. LO	CATION (City, town,	or county) (State)
25.4	DATE REC'D BY HEALTH DERT. 258, NA	asil Cem	ely Coc	Copportle	selle. G. Wed.
	MAK 21 19/2 000000 - 4	ME OF LEGISTRAN	astween The	el tone 1701	me Cullely
	150-REV. 1/1/68				

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This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

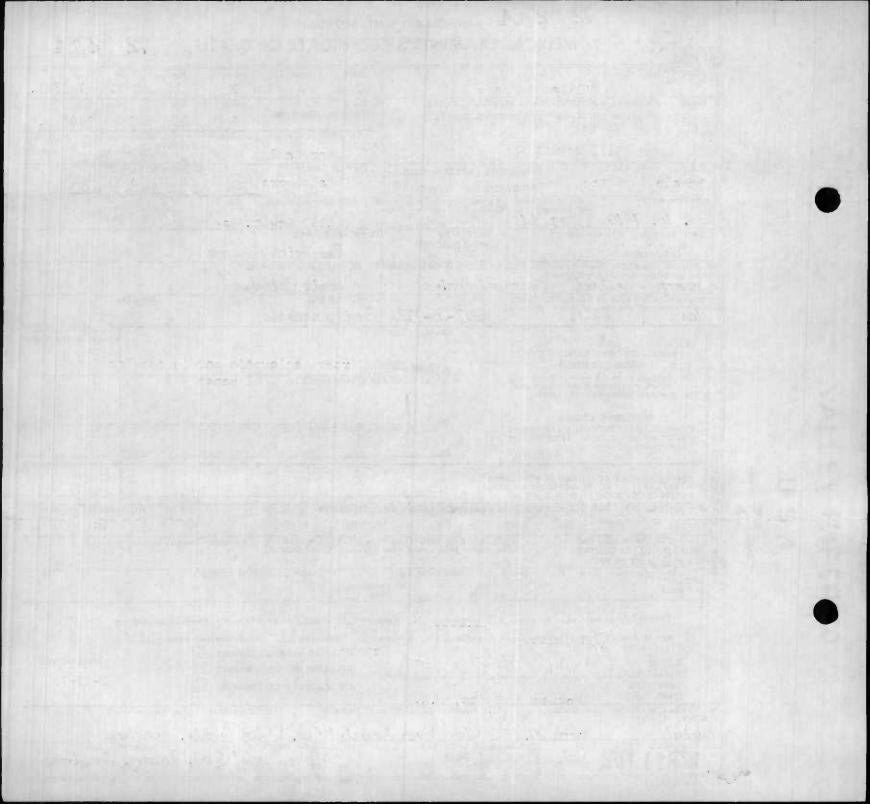
11-	-				BALTIMODE CITY	HEALTH DEPARTM	ENIT		170	60200
	1-460	70	097					REG. NO.	12	02783
Bfi	RTH NO.	IR	URI	00 (	LEK HIFICA	TE OF DEA	H	KEG. 140		
	IAME OF DECEASED							00		
	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD						3/10	8/72		1100 p M
3.	PLACE IN BALIIM	ORE MARILAND, W	HERE PRO	NOUNCED	DEAD		CE (Where	e deceased lived. If in	stitution: n	esidence before admission)
FL	JLL NAME OF	OF NOT IN HOSPIT	AL OR IN	NOTUTON,	GIVE STREET	md	HA	rtond		6200
lin	MOITUTICS					C. CITY OR TOWN	/	D. INSI	DE CITY L	
11/2	NIUN	1Ary/AL	d	Hos	P.	E. STREET AND NU			YES	ио 🔀
	38						MBER.	101.11		p
5.	SEX  6.1	RACE	7. AA A DO	ED PAID	/ER MARRIED	8. DATE OF BIRTH	lo	AGE (in veors	1 Hada	1 1 11 11 11 11 11
	m	2AUC	WIDOW		DIVORCED	11-27-3		ast birthday	Months	Doys Haurs Min.
10/	A. USUAL OCCUPA	TION (Give kind of work				11. BIRTHPLACE (Stole		an country)	12. CIT	ZEN OF WHAT COUNTRY
		ing lile, even it retired)	TTE	Govt.		Duty, Vi				SA
	Ab. Meul	MARIC	05-	3040.		14. MOTHER'S MAID				
	4		/			MOTHER'S MAIL				
15	UIIIAM	7 /44/	0~	19.4		MANY	1	Fadd	لرح	
(Ye	s, no of unknown! (if	r in U. S. Amred Foreyes, give war ar date	of services	el 1 6. SO	CURITY NO.	Mrs. Cathe	rine	Taylor, 26	02 Ph	ila Road.
	Yes	WWII			12-9139	C0000000000	E	Edgew	ood,	Md.
	18./62.			C	AUSE OF DEAT	ł				APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	LEADING TO DEATH  LEADING TO DEATH  Men ales enfaulter							ایخ	2 desa	
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	(This does not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or camplication which caused death.)  DUE TO, OR AS A CONSEQUENCE OF:									
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	DISEASES OR	CONDITIONS, if	ny, giv	ing	DUE TO, OR AS	A CONSEQUENCE OF	:			
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	W Factor TX chitico de devens									
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ATI	DISEASE OR CONE	UT NOT RELATED TO TH	1 (A).		bestery			- 7 ms	7	*****************
ERTIFICATION	19A. DATE OF OP	ERATION 198 CON	ORMED	OR WHICH	OPERATION	20 A. AUTOPSY? (Ye	es or No)	208, IF YES, WERE P	INDINGS	CONSIDERED DEATH?
CER	21A. ACCIDENT V	VAS UNDERLYING			OF INCHANCE !	or obout 21 C. WHERE	DID			
ZA CA	OR CONTRIBUTIN DEATH (natity med	VAS UNDERLYING		home, torm,	foctory, street, of	ice bldg. INJURY OC	CU R?	li in politimare	City, give	e exact location)
EDIC		anth) (Doyl (Year)			Y OCCURRED	215 HOW 6	DID MILL	IRY OCCUR?		
ME	OF INJURY			While Al	Not While		סנאו פוכ	KI OCCOR:		
		40.4.1.		TTOIR -	- AT WORK					
	L	t (t) (this hospital)			eased from	3 /14		9 22 ta		19_7_3
		t saw the decease			<i></i>			t in (my) <del>(ou</del> r) apin	lan deat	h occurred an the date
and have and from the causes stated above. (1) (We) (did) (dtd not) view the bady after death.  23A. SIGNATURE  Attending Med. Staff							000 047	r cours		
							ZSK DAI	9 /2 1		
	Z3C. PHYSICIAN'S	~ your	7) 10	4 11	GEGREE Phys	3D. ADDRESS	r L J P	hyst -	5//	0//2
NAME (Type)  Like I P Satto Gold MO										
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) (State								s countril (State)		
	REMOVAL (Speci	ify)							, ruwii, o	r countyl (State)
25/	Burial A. DATE REC'D BY	Mar. 22, ]	258 NAM		Memorial	Gardens	Bel	Air	Harfo	ADDRESS Md.
	MAR 2.1 19	72 B. G. B	The same	A. At		Howard .K.	Mac	omas, III,	A 2-4	
VS	150-REV. 1/1/68			¥.		The state of the	- 1100	OHER, III,	ADING	aon, Md.

Harford Md.

Howard K. Man.

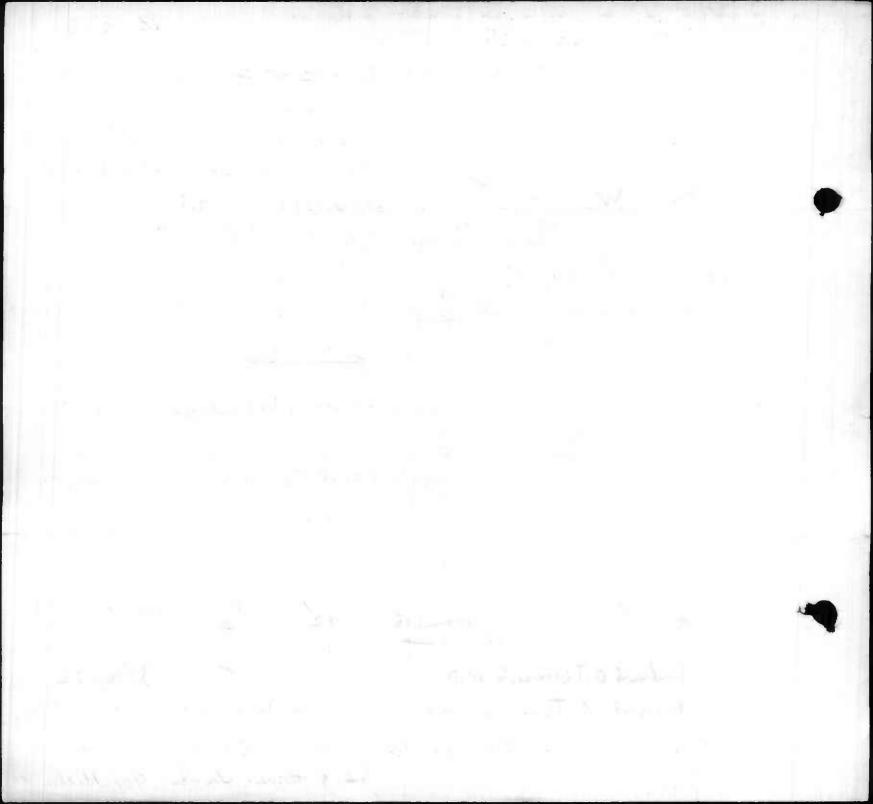
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0 -	120	C/04	BALTIMORE CIT	TY HEA	ALTH DEPAR	RTMENT				
15-5-20	) MET	DICAL					DEAT	ш	ח פניי	9704
BIRTH NC.	MILL	NCAL	EXAMINER	3 6	LKIIII	CATE OF	DEAT	REG. NO.	12 U	C/04
I. NAME OF DEC	EASED				2. DATE	Known 🔼	Month	Day	Yeor	l.,
(Type or Print)	William	Ronha	100		OF	Estimoted	3	16	72	7:45 P.N
4. PLACE IN BAL	TIMORE, MARYLAND, N	WHERE PRO	NOUNCED DEAD		DEATH 3. DATE	Extimoted [	Month	Doy	Year	Hour L.W
FULL NAME OF						INCED DEAD			7	
HOSPITAL OR INSTITUTION	ADDRESS OR LOCA	MOITA	UTION, GIVE STREET		C. UCUAL BI	CORENICE AND	3	16	/	7:45 P.
00	1112 Hewit	t Llass			A. STATE	SIDENCE (Where	deceased li	B. COUNTY	n: residence b	pefore odmission)
0 0						Maryland			26	25 7
6. SEX	7. RACE	B. MARRIE	D NEVER MARRIE	D 🔲	C. CITY OR			D. INSIDE C		
<b>XX</b> male	White	WIDOWE	D DIVORCE	D 🔲	1	Baltimore		Y	ES 🐣	NO 🗆
9. DATE OF BIRTI	1 10. AGE (I	n yeors I	Under 1 Yr. If Under 2	4 Hrs.	E. STREET A	ND NUMBER				
Nov. 16.	1910 75	61	Joys Hoors	iviii.	1	112 Hewit	+ Way			
II. BIRTHPLACE (S	tote or foreign country)	12	CITIZEN OF		13. FATHER	S NAME	L way	-		
Marylo	and		WHAT COUNTRY?		H.	ederick B	anhane			
14A.USUAL OCCU	PATION (Give kind of work	148. KIND C	F BUSINESS OR IND	USTRY	15. MOTHER	S MAIDEN NA	ME			
	orking life, even lifetired) - retired	March	nt Marine		1	nie Oster	h			
	ED EVER IN U.S. ARMED		17. SOCIAL		18. INFORM		ROMY	Α.	DDRESS	
(Yesuno or unknown)	(If yes, give war en dates	of service)	217-26-95	70	9779			A	DDKE33	
119. 11.10	EAMA TT					records				
4/2	141		CAUSE OF	DEAT	Н					PROXIMATE INTERVAL ZEN ONSET AND DEAT
	E OR CONDITION DIRE	CTLY								
	LEADING TO DEATH		(A)IMMED	IATE C	AUSE Arte	riosclero	tic ca	rdiovas	cular	
heori fallure,	ol mean the made of dy asthenia, etc. It means the	diseose.	DUE TO	O, OR A	S A CONSEQ	UENCE OF:	diseas			
Injury or cam	plication which coused de	olh.)								
AA AA	ITECEDENT CAUSES		/p\							
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<u> </u>			(c)		-					
OTHER SIGN TO THE DEA DISEASE OR 20A. DATE OF	II IFICANT CONDITIONS C	ONTRIBUTION	IG							
O THE DEA	TH BUT NOT RELATED TO	THE TERMIN	AL							
20A. DATE OF	OPERATION 208. CON	NDITION FO	R WHICH OPERATIO	N WA	SPERENDA	ED.			IN AUTO	PSY? (Yes or Na)
5			THE THE THE THE THE		J I EKI OKIN					0
ZZA. EXTERN	NAL CAUSE WAS	122	B DI ACE OF INITIDY	1/2 - 1	11 20	C WHITE DID	w			0
O IIII	OR CONTRIB-	ha	B. PLACE OF INJURY me, farm, factory, stree	t, affice	bldg., etc.) IN	JURY OCCUR?	lt in Baltimar	e City, give exc	ect location)	
	JSE OF DEATH.		1							
OF INJURY	Month) (Day) (Year	r) (Hour)	22E. INJURY OCCUP			F. HOW DID INJ	URY OCCL	JR?		
(APPROX.)		m	WHILE AT WORK	NOT V						
23.					-				- 14-17	
l certi	fy that I held on I	nquiry [_]	Inspection X	Auto	opsy 📙	ond that on th	is basis,	death in my	opinion	
result	ed from: Natural cau	ses K	Accident S	ulcide				ed monner		
	1008 1.		11 -	D	eputy c	HIEF MEDICAL E	XAMINER	X		
ACTUAL SIGNATU	polar //	1	1	_M.D.	ASSIS	TANT MEDICAL E	XAMINER			DATE SIGNED
EXAMINE			1	m.v.	ASSO	CIATE MEDICAL E	YAMINIFP		3	-17-72
NAME (T	(pe) Werne	er U. A	Bitz M.D.		1030	CIATE INEDICAL L	ACTIVITY OF THE	_		
24A. BURIAL CREM REMOVAL (Specific	ATION, 248. DATE		2 C. NAME of CEME	TERY o	r CREMATO	RY 24D. L	OCATION	(City, lawr	, or county)	(State)
Burial	64 2	20 100	2 (1- 11-	- 11	/	C . CI	0	· . M	. , ,	
25 A. DATE REC'D	BY HEALTH DERI.	25B - NA	2 <u>Glen Have</u>	17 /1/6	emorial	UNERAL DIRECTO	en Bur	rie, Illa	ryland	
MAROT	1977 72.6	E Je	Set M.D.		250. 1	John Bury	21 50	rs, Tow	MAD M	anuland
mult 21	WIT COOL	1 1/	7 2 0	7	00	97.02,000	30	os, rous	3016 111	regiona



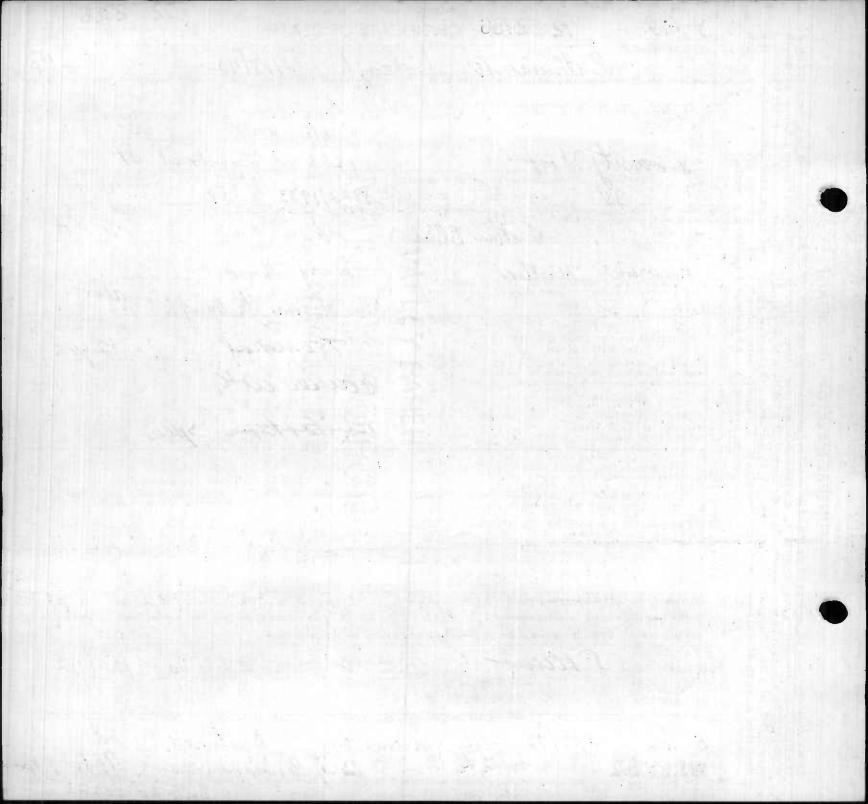
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	at at	4 5
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	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and My the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death—shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.
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01	BALTIMORE CIT	Y HEALTH DEPARTMENT		שם המשמר			
72 02785	CERTIFICA	ATE OF DEATH	REG. NO	72 02785			
1. NAME OF DECEASED		2. DATE AND	HOUR OF DEATH				
George martin 41	KIA GEORGE	PROKUPET 7165	Ban 3/16/2	1 5105 10			
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOL	INCED DEAD	4. USUAL RESIDENCE (Where	deceased lived. If ins	titulient residence before admission			
		A. STATE . COUNT		1002			
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION)  HOSPITAL OR ADDRESS OR LOCATION)	TION, GIVE STREET	hid.		2003			
INSTITUTION ADDRESS OF FOCATION		C. CITY OR TOWN	D. INSID	DE CITY LIMITS?			
Univ. of maryland		1 Castinia	6	YES NO			
other. of maryland		E. STREET AND NUMBER	0				
30		1933 Campan	11.13	et. 21223			
5. SEX 6. RACE 7. MADDIED C	NEVER MARRIED	11/13 V TOWNER	AGE (In years	If Under 1 Yr., If Under 24 Hr			
	= =	10	age (In years st birthday)	Months Days Hours Min.			
THE THE PARTY OF T							
10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF done during most of working life, even if relired)	BOZINESS OF INDUSTR	III. BIRTHPLACE (State or foreign	country)	12. CITIZEN OF WHAT COUNT			
The state of the s	handel	1600 11 1		7,01			
13. FATHER'S NAME	Marine	14. MOTHER'S MAIDEN NAM	· · · · · ·	4.J.A.			
C Q 1		A. Carrier	>				
Indrew Trokopets		Lomma	(				
15. Was Deceased Ever in U. S. Armed Farces? (Yes,no ar unknown) (If yes, give war at dates of service)	6. SOCIAL	17. INFORMANT		ADDRESS			
The services of services	SECURITY NO.	2 4	12 - A	1, 41.			
10 11. N. I d	d-18-4698	lay mailes	1933 Kas	msay st. U)			
16/204,01	CAUSE OF DEA	TH /		APPROXIMATE INTERVAL BETWEEN ONSET AND DEA			
DISEASE OR CONDITION DIRECTLY		pheumonia					
LEADING TO DEATH	(A)IMMEDIATE CA			1 meir			
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	A CONSEQUENCE OF:						
injury ar camplication which caused death.				Δ			
ANTECEDENT CAUSES	ANTECEDENT CAUSES on Courts			\ - mth.			
DISEASES OR CONDITIONS, if any, giving	DUE TO, OR A	A CONSEQUENCE OF:	-areman	minute			
rise to the abave cause (A) stating the							
UNDERLYING CONDITION last.	(c)	<b>*******************</b>					
_ 11							
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	a suit.	Renal Fail		2 0			
O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).		r-var lauce	w <u>~</u>	4 Drays			
19A-DATE OF OPERATION 198 CONDITION FOR W	HICH OPERATION	20A. AUTOPSY? (Yes or No)	208, IF YES, WERE FI	NDINGS CONSIDERED			
WAS PERFORMED		Yes	IN CERTIFYING CAU	SES OF DEATH?			
U 21A. ACCIDENT WAS UNDERLYING 218.	PLACE OF INJURY (e.g.	in or about 21 C. WHERE DID	Uf in Baltimare	City, give exoct lacotion)			
OR CONTRIBUTINO CAUSE OF hame	, form, factory, street, o	ffice bldg., INJURY OCCUR?					
= IOF INJURY	INJURY OCCURRED	21 F. HOW DID INJU	Y OCCUR?				
(APPROX.) White	At Work						
			70				
	22. I certify that (1) (this hospital) attended the deceased from hand 1972						
that 40 (we) last saw the deceased alive on	ment 18	19 <u>7</u> and that	in (and (our) apini	on death occurred an the de			
and hour and fram the causes stated abave All	(We) (did) (did not)	view the body ofter death.					
23A. SIGNATURE			1	23B, DATE SIGNED			
Vilano Trans	las D Att	ending Med. St	off D	3/10/N2			
23C.PHYSICIAN'S	MID DEGREE Phy		ys. T	1/18/12			
NAME (Type)		23D. ADDRESS					
Richard A. Jomasuli	m,p ascree	Univ. of. m	aryland	Huspital Balto.			
24A. BURIAL CREMATION, 24B. DATE 24C. NA	ME of CEMETERY OF CR			town or comply) (Stote)			
REMOVAL (Specify)	121. 2	0, 1	0	0 ), ,			
254 DATE REC'D BY HEALTH DEST/72 FA	e View H	em. Dack	Carrill	Clo Med.			
25A. DATE REC'D BY HEALTH DEPT.	REGISTRAR	25C. FUNERAL DIRECTOR	1 0	ADDRESS			
The state of the s	£ 8, 44	Jan 1 Cowa	· Am Ju	· 901 Hallen			
VS 150-REV. 1/1/68		0 1		2/123			

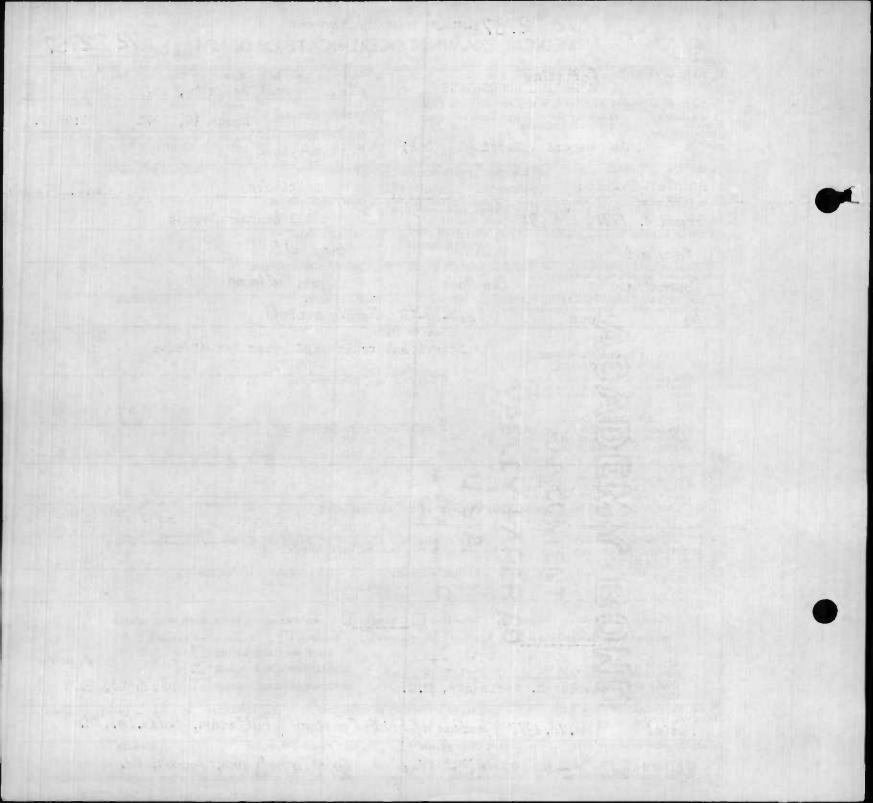


This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death). Such deceased prior to death. Such

			EALTH DEPARTMENT	72	2 02786			
	D-612 72 02786	CERTIFICAT	E OF DEATH	REG. NO,	06700			
	1. NAME OF DECEASED (Type or Print)  3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOU	V. Lirban	ah 3/18	D HOUR OF DEATH	itution: residence before admission)			
	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION HOSPITAL OR ADDRESS OR LOCATION)	0	VISUAL RESIDENCE (Where state 8, COUNT)	TY	1902			
	INSTITUTION - 1	E	c. CITY OR TOWN D. INSIDE CITY LIMITS? YES NO E, STREET AND NUMBER					
	University Hosp		1413 W. 0	Lombard	ST			
3	The WIDOWED	DIVORCED	8/22/1933	38	If Under 1 Yr. II Under 24 Hrs. Months Doys Hours Min.			
	10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF done during most of working life, even if retired)	Blind Co.	MA.	an country)	12. CITIZEN OF WHAT COUNTRY?			
200	13. FATHER'S NAME  Lawrence To allies	14.	Mary The	1E bson				
3	15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dates of service)	16. SOCIAL SECURITY NO.	· INFORMANT	1-4-01	ADDRESS			
	18. / 9 0 4	CAUSE OF DEATH	her Marven s	urvaugh	APPROXIMATE INTERVAL			
3	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		TEUNIN	al	2 415.			
	(This does not meon the mode of dying, e.g., heart loilure, asthenia, etc. It means the disease,	(A) IMMEDIATE CAUSE DUE TO, OR AS A C	ONSEQUENCE OF:	11				
	injury or complication which coused death.)  ANTECEDENT CAUSES	(	course a	144				
0	DISEASES OR CONDITIONS, if ony, giving	(B) DUE TO, OR AS A	CONSEQUENCE OF:					
2	rise to the obove couse (A) stoling the UNDERLYING CONDITION lost.	(c)	welster	son Sple	i			
Sulains	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING			100 = ==				
	TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).				***************************************			
	19A. DATE OF OPERATION 19B. CONDITION FOR WAS PERFORMED	HICH OPERATION	20A. AUTOPSY? (Yes or No)	IN CERTIFYING CAU	NDINGS CONSIDERED SES OF DEATH?			
Derore the	OR CONTRIBUTING CAUSE OF  OR CONTRIBUTING CAUSE OF  DEATH (notify medicol exominer)	PLACE OF INJURY (e.g., in o e, form, factory, street, office	or about 21 C. WHERE DID	(If in Boltimore	City, give exact location)			
aluea	OF INJURY	INJURY OCCURRED	21F. HOW DID INJU	JRY OCCUR?				
DIG	22. I certify that (1) (this hospital) ottended th		2/161	967 10 3	1/19 1972			
0	that (I) (we) lost sow the deceased alive on	2110	- /		on death occurred on the date			
ST D	ond hour and from the couses stated above. (1)	(We) (did) (did not) vie						
IN	B. PANUSIONATHAS. P.A. S. M. CESEVENO B. A.	Attendi	ing 🖂 / Med. 🖂	Shaff	23B. DATE SIGNED			
23	ALTO23 GAPHYSI CHORT 2232 HAMI	OEGREE		Phys.	3/20172			
appro	ALTO23 MPHYSIOTIOS3 NAME (Type) RS NO: 520-90-9164 BALTO.,		- ADDRESS					
db	24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	ME OF CEMETERY OF CREM.	ATORY 24D. LC	OCATION (City	, town, or county) (State)			
	Burial 3 /22/72 3	oly Redeemer	Lem. D.	alterrore	md.			
Written	MAR 21 972 TOTAL STREET	PROSTRATION OF O	25C. FUNERAL DIRECTOR	n Non Inc	· Gollins St.			
1	VS 150-REV. 1/1/6B	1	0	0 14	nd. 2/223			



1	1) -351 72 02787 BALTIMORE CITY HE	ALTH DEPARTMENT
0	MEDICAL EXAMINER'S	CERTIFICATE OF DEATH REG. NO. 72 02787
	TH NO.	2. DATE Known & Manth Day Year Hnur
	catherine wochenfuss	2. DATE Known A Month Doy Year Hnur OF Estimoted March 14, 1972
	LACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Day Year Hour
HOS	L NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET PITAL ADDRESS OR LOCATION) INSTITUTION	PRONOUNCED DEAD March 14, 1972 2:50 P.M
	Union Memorial Hospital (DOA)	5. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) A. STATE Maryland B. COUNTY
6. S	7. RACE B. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE CITY LIMITS?
E	Temale White WIDOWED DIVORCED	Baltimore YES NO
	ATE OF BIRTH 10.AGE (In years   # Under 1 Yr. II Under 24 Hrs.   Months   Days   Hours   Min.	E. STREET AND NUMBER
	ugust 0, 1921	4133 Eierman Avenue
11.1	Maruland 12. CITIZEN OF WHAT COUNTRY?	Henry Weil
14A.	USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTRY	
duis	Homemaken Own Home	Emma Rullmann
16. (Yes	WAS DECEASED EVER IN U.S. ARMED FORCES? In a crunknawn) (If yes, give war ar dates of service)  None  17. SOCIAL SECURITY NO.	Family records  Address
	No None 214-10-5/00	The state of the s
	Arterioscl	erotic cardiovascular disease
	LEADING TO DEATH	
	(This does not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease,	AUSE AS A CONSEQUENCE OF:
	injury or complication which caused death.)	
	ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING  DUE TO, OR	AS A CONSEQUENCE OF:
7	RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)	
흔	\\\( \)	
CERTIFICATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	
ERT	20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WA	AS PERFORMED 21. AUTOPSY? (Yes or No.)
		Yes
0.5	22A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB. UTING CAUSE OF DEATH.  22B. PLACE OF INJURY (e.g., hame, form, foctory, street, office	In ar about 22C. WHERE DID (If in Saltimare City, give exact location) bldg., etc.) INJURY OCCUR?
	22D. TIME (Manth) (Day) (Year) (Hour) 22E, INJURY OCCURRED	22F. HOW DID INJURY OCCUR?
	m. WORK AT W	WHILE ORK
	23.  I certify that I held an Inquiry I Inspection Aut	topsy X and that on this basis, death in my opinion
	resulted from: Natural causes X Accident Suicid	
	01 1 D2	CHIEF MEDICAL EXAMINER
	SIGNATURE hards J. Jerngale M.D.	ASSISTANT MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER
	EXAMINER'S Charles S. Springate, M.D.	ASSOCIATE MEDICAL EXAMINER  March 15, 1972
24A REA	BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY	(and a second
	Burial par, 18, 14/2 gradens of rac	th Cenetery Fullerton, Balto. (0., Md.
25 A	DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C, FUNERAL DIRECTOR ADDRESS
	MAR 21 1972 (1666) A. B. C.	John Bigins I sons, Towson, Md.
VSI	51-REV. 1/1/68	



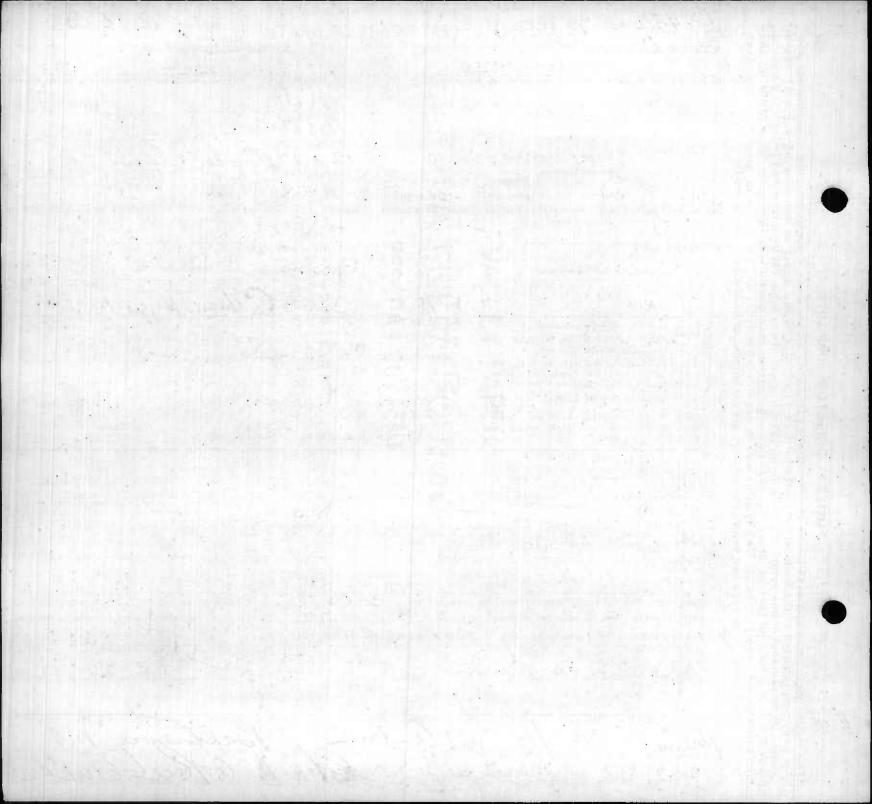
1	B
istant if death occurred in a hospital and the direct or contributing cause of death kind; (4) Undetermined cause; (5) Deceased death was in regular attendance on the co on the deceased prior to death. Such nal disposition is made.	BIRTH 1, NA (Yypo 3, PL HOS INSTI 5, SE 10A, L done 13, FA
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.	MEDICAL CERTEICATION  TO CO
his certification by hows: (1) yes D.O.	29 A.
the bod shows: was D.C decease	25A.
	MY

	1	2	-)			HEALTH DEPARTMENT	,			
	BIR	-640 TH NO.	/	72 02	2788 CERTIFICA	TE OF DEATH	REG. NO	72 112788		
	1, N	AME OF DEC	EASED				ND HOUR OF DEATH	12 02.00		
	CIYE	po er Print)	BARRELL,	GLAD YS	BEATRICE	MARC	H 16 1973	1 10.10 PM		
	3. (	PLACE IN BAL			DHOUNCED DEAD	4. USUAL RESIDENCE (Wh	ero doceosed lived. If i	nstitution: residence belore admission		
	CII	LL NAME OF	HE MOT IN	HOENT OR IN	APPROPRIATE AND AREA	MARYLAND	BALTE	120		
	HC	DSPITAL OR	ADDRESS OF	R LOCATION)	ISTITUTION, GIVE STREET	C, CITY OR TOWN	D (A)	SIDE CITY LIMITS?		
	SI AGNES MUSFITAL					TIMONIUM	D, 1143	YES NO X		
	40 WILKENS & CATON AVENUE BALTIMORE, MARYLAND 21229					E. STREET AND NUMBER		1E3 CE NO Z		
		1	BALTIMOR	RE, MARY	LAND 21229	233 CHANTI	RY ROAD	21093		
	5. S	EX	6. RACE	7- MARI	MED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	tl Under 1 Yr. If Under 24 Hrs.		
		EMALE	WHITE	WIDON	WED DIVORCED	10-24-05	lost birthdayl	Months Days Hours Min.		
			UPATION (Give kind working life, even if r	of work 10B, KIN	DOF BUSINESS OR INDUSTRY	11. BIRTHPLACE IState or lor	eign country)	12. CITIZEN OF WHAT COUNTRY?		
	0011	SECRE		PAD	IS CANDY CO	NEW YORK		1104		
	13.	FAYHER'S NA		1 1 7 1	13 CANDI LU	14 MOTHER'S MAIDEN NA	ME	USA		
		HENRY	J. CRAN	IC E	DECID					
	15 1				DEC †D		TERMIRE)	DEC 'D		
	(Yes	, no of unknown	Ever in U. S. Am	at dates af servi	SECURITY NO.	17. INFORMANT		ADDRESS		
		NO			068-18-4526	ST.AGNES HS	OPITAL WIL	KENS EXATON AVE		
		18. 2/10	.91		CAUSE OF DEAT	Ä		APPROXIMATE INTERVAL		
		DISEAS	E OR CONDITIO		MARCII	IE MYOCAT	2011/11/11/	BETWEEN ONSET AND DEATH		
		(This door -	LEADING TO D		(A) IMMEDIATE GAG	DE .	WIFFE 114	Theray		
		heart failure,	asthenia, etc. It	means the dise	ase, DUE TO, OR AS	A CONSEQUENCE OF:				
		injury of complication which caused death.								
		ANTECEDENT CAUSES CORONARY ARTERY DISENSE								
	DISEASES OR CONDITIONS, if any, giving DUE 10, OR AS A CONSEQUENCE OF:									
		UNDERLING CONDITION last. (C)								
	O	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL								
	4									
	FIC	19A, DATE OF		S PERFORMED	OR WHICH OPERATION	20A. AUTOPSYT (Yes or N	O) 20B. IF YES, WERE	FINDINGS CONSIDERED		
	ERTIF	0				NO				
	0 7	OR CONTRIBU	TING CAUSE C	TING [	21B PLACE OF INJURY (e.g., in home, form, loctory, street, of	fice bldg., INJURY OCCUR?	(If in Boltimo	re City, give exact location)		
	S	DEATH Inotify	medical examined		etc.)					
	-	21 D. TIME OF INJURY	(Month) (Doy)	(Year) (Hour)	21E INJURY OCCURRED	21F. HOW DID IN.	IURY OCCUR?			
	8	IAPPROX.)			White At At Work					
		22 Locality dead (Males Locality) and Late Late Late Late Late Late Late Late								
	- 1	termy man (i) (in a separate of the deceased from the deceased fro								
		that (1) (we)-last saw the deceased alive an ARCH 15 19 72 and that in (my) (ew) apinion death accurred an the date								
		and haur and fram the causes stated above. (1) (We) (did) (did not) view the bady after death.								
				NX	O. h. O Atta	nding Med.	stall con	23B. DATE SIGNED		
		Acus	muce (	1.150	Stokes Phys	Director L	Staff Phys.	3-16-12		
		23C. PHYSICIA NAME (T	ype)	25		23D. ADDRESS	111	D. A. 2 000		
		SAN	1052	P. Sq.	74 AM Degree	& showore	Hom	e fully high		
	24A	REMOVAL (S	MAYION, 248. DA	ATE 24	C. NAME OF CEMETERY OF CRE	MATORY 24D. L	OCATION (C	ity, town, or county! (State)		
		Buria		20-72	Druid Ridge Cen	etery	Pikesville,	Balto., Md.		
	25A		BY HEALTH DEPT		ME OF REGISTRAR	25C. FUNERAL DIRECTO		ADDRESS		
	М	AR 91 7	972 (1680)	B. E. Arrido	9 0 0	Wm. Cook Brok	ks Towson,			
11	VS*	150-REV. 1/1/	68			THE COLUMN	TOWBOIL,	Inc. Towson, Md.		

Edge - C LESS COMMENTS OF THE PERSON OF 

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

0 150	BALTIMORE CITY	HEALTH DEPARTMENT		מסיים מיים
BIRTH NO. 68-03483 02789	CERTIFICA	TE OF DEATH		72 02789 -
(Type or Print)  Deanna Marie Coll:		2. DATE ANI	D HOUR OF DEATH	d 0-20 P
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOU		4. USUAL RESIDENCE (Where		institution: residence before admission)
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION HOSPITAL OR ADDRESS OR LOCATION)	TION, GIVE STREET	A. STATE B. COUNT		1607
INSTITUTION ADDRESS OF EGGLISTIV		15 alterni	. 0	YES NO NO
Mercy Hospital,	Inc.	1227	plan,	Grene Sp.
5. SEX 6. RACE WIDOWED WIDOWED	NEVER MARRIED DIVORCED	2-08-68	ost birthday)	If Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.
10A, USUAL OCCUPATION (Give kind of work 108, KIND OF done during most of working life, even if retired)	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign	an country)	12. CITIZEN OF WHAT COUNTRY?
done during most of working the, even it terrisory		rud.		USA
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAM	TE A CO	
Comanalar		Barbara	illa)	an
15. Was Deceosed Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dotes of service)	6. SOCIAL SECURITY NO.	17. INFORMANT	Thering	Hear 127 Parelas
18. 2 4/7. 9 1	CAUSE OF DEAT	1	700-0000	APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY		· 0. 0		D SELMEEN OWSEL AND DEATH
LEADING TO DEATH  (This does not meen the made of dying, e.g.,	(A) IMMEDIATE CAL		10 juanam	est acule
heart foilure, osthenio, etc. It means the disease, injury ar complication which caused deoth.)	DUE 10, OR AS	A CONSEQUENCE OF:	0	
ANTECEDENT CAUSES	111000		6.00	0/0
DISEASES OR CONDITIONS, if any, giving	(B) DUE TO, OR AS	A CONSEQUENCE OF:	browns	) wax know
rise to the obave cause (A) stating the UNDERLYING CONDITION last.	Puel	its (muiana	wood	
ONDERETING CONDITION Idst.	(c)		40	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL  DISEASE OR CONDITION GIVEN IN PART 1 (A).	.0.000.000.000.000.000			
DISEASE OR CONDITION GIVEN IN PART 1 (A).  19A. DATE OF OPERATION 19B. CONDITION FOR WWAS PERFORMED	HICH OPERATION	20 A. AUTOPSY? (Yes or No)	20B. IF YES, WERE IN CERTIFYING C	E FINDINGS CONSIDERED
O 21A. ACCIDENT WAS UNDERLYING   218.5	PLACE OF INJURY (e.g., i , farm, factory, street, of	n or obout 21C. WHERE DID fice bldg., INJURY OCCUR?	(If in Boltime	ore City, give exact location)
W OF INITION	INJURY OCCURRED	21F. HOW DID INJU	JRY OCCUR?	
	e At Not While At Work	• 🗖		
22. I certify that (I) (this haspital) attended the	e deceased fram	3-06 1	972_ta	3- 19 1972.
that (1) (we) last saw the deceased alive an	3-19	19.7.2 and the	at In(my) (aur) a	pinlan death accurred an the date
and haur and fram the causes stated abave. (1)	(We) (dld) (did nat) v			
28A. STONATURE				23 B. DATE SIGNED
as M Can	DEGREE Phy	nding Med. Director	Staff Phys.	3-20-77
23C. PHYSICIAN'S NAME (Type)		23D. ADDRESS		
24A. 8URÍAL CREMATION, 248. DATE 24C. NA REMOVAL (Specify)	ME of CEMETERY OF CRI	MATORY 24D. LC	OCATION TO	City, lown, or county) (State)
25A, DATE REC'D SY HEALTH DEPT.   258, NAME OF	M Chil	25C. FUNERAL DIRECTOR	Jalyn	more MO
MAR 21 1972 Pale & Julie	2000 0 C	Thanks.	ala	ce 66 LUBarre
VS 150-REV. 1/1/68				

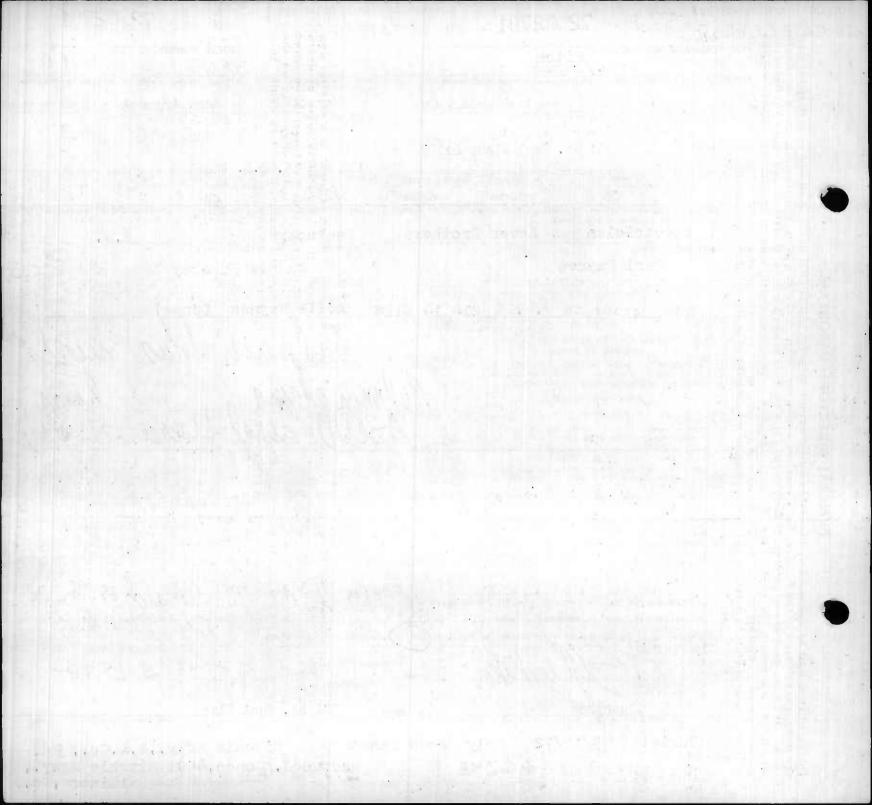


0 . 0.1X	BALTIMORE CITY	HEALTH DEPARTMENT	72	02790
# 240 72 02790	CERTIFICA	TE OF DEATH	REG. NO.	<u> </u>
TINAME OF DECEASED (Type or Print) CILIAN ROCA	12/1	2. DATE AND	HOUR OF DEATH	1040 A.
3. PLACE IN SALTIMORE MARTLAND, WHERE PRONOL	JNCED DEAD	A. STATE B. COUNT	deceased fived. If institution:	residence before admission
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION ADDRESS OR LOCATION)	JTION, GIVE STREET	Maryland		2506
INSTITUTION ADDRESS OR LOCATION		c. CITY OR TOWN Baltlmore	D. INSIDE CITY I	
15all, W5/08/		E. STREET AND NUMBER	YES X	NO
4940 Eastern Ave, Baltimore,	Md. 21224		art Baltimore,	Md. 21226 00
S. SEX   6. RACE / 7. MARRIED   WIDOWED	NEVER MARRIED DIVORCED	8. DATE OF BIRTH 898 10	AGE (In years If Undomaint)	or 1 Yr. if Under 24 Hrs Days Hours Min.
IOA USUAL OCCUPATION (Give bind of work 10B, KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign		ZEN OF WHAT COUNTE
dane during most of working life, even if refired)		Virginia	U.S.	. A
13. FATHER'S NAME		14. MOTHER'S MAIDEN HAM	Ε	
Thad Blackwell		Alice Nea	1	
5, Was Deceased Ever in U. S. Armed Forces? Yes, no or unknown) [If yes, give war or detes of service)	SECURITY NO.	17. INFORMANT	4940 Eastern Ave	ADDRESS
al l	SECURIT NO.	BCH Records:	Baltimore, Md. 2	21221 Valerie
18. 7 5 0 9 1	CAUSE OF DEAT		James Line 1	APPROXIMATE INTERVAL
DISEASE OF CONDITION DIRECTLY		1. 6.11	idea Infacts	BETWEEN ONSET AND DEAT
LEADING TO DEATH	(A) IMMEDIATE CAL	N2F	record I we have	15 now
(This does not mean the mode of dylng, e.g., heart failure, asthenia, etc. It means the disease,	DUE TO, OR AS	A CONSEQUENCE OF:		
Injury or complication which caused death.)  ANTECEDENT CAUSES	4-5	CVD		1590
DISEASES OR CONDITIONS, if any, giving	(B) DUE TO, OR AS	A CONSEQUENCE OF:	71 1 0	
rise to the above cause (A) stating the	Dia	hetes Me	lum	2040
UNDERLYING CONDITION last	(c) 1/100	1019	<u> </u>	
TOTHER SIGNIFICANT CONDITIONS CONTRIBUTING				
TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	***********		ALIGN.	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 19B. CONDITION FOR WAS PERFORMED  21A. ACCIDENT WAS UNDERLYING 1	WHICH OPERATION	20A AUTOPSYR (Yes or No)	208. IF YES, WERE FINDING	S CONSIDERED DEATH?
LI 21A. ACCIDENT WAS UNDERLYING	PLACE OF INITIES (o.c.	YES	(if in Baltimare City, gi	YES
U 21A. ACCIDENT WAS UNDERLYING 21B. OR CONTRIBUTING CAUSE OF hom DEATH (notify medical examined etc.)	a, farm, factory, street, o	in or about 21C. WHERE DID office bldg., INJURY OCCUR?	he m parimers only 6.	to case to carron,
	INJURY OCCURRED	21F. HOW DID INJU	RY OCCUR	
S OF INJURY Whi	ile At Not Whi	le [m]	.,	
11101			7/10 2/1	)/ 10 77
22. I certify that (1) (this haspital) attended the	2 // )	7/1//	10	
that (1) (we) lost saw the deceased office an	Tarib		(aur) opinion dec	oth occurred on the do
ond hour and from the couses stated above (1	/(We)((did) (did not)	view the body atter death.	. 238. DA	TE SIGNED /
D. Old Controller			inoff po	17-17
2367 HYSICIAN'S	DEGREE Phy		stepn Ave. Ball	timore. Md.
NAME POOL V. PARTAG	LIA MD	But lik	150 212	
24A. BURIAL CREMATION, 124B. DATE 124C. NA	DEGREE	EMATORY 24D.40	7/	
REMOVAL (Specify) 3-21-72	MI D.L.	D	1.1:	11. 1. 1
25A. DATE REC'D BY HEALTH DEPT.   25B. NAME C	PF REGISTRAR	25C. FUNERAL DIRECTOR	17 more,	ADDRESS
MAR 21 1972 Pale P. Janes	1. 120	Charles B.	Kice 661. W	· Barre S
VS 150-REV. 1/1/68				

District Police of a fact that I have the A DESCRIPTION OF THE RESERVE OF THE PARTY OF

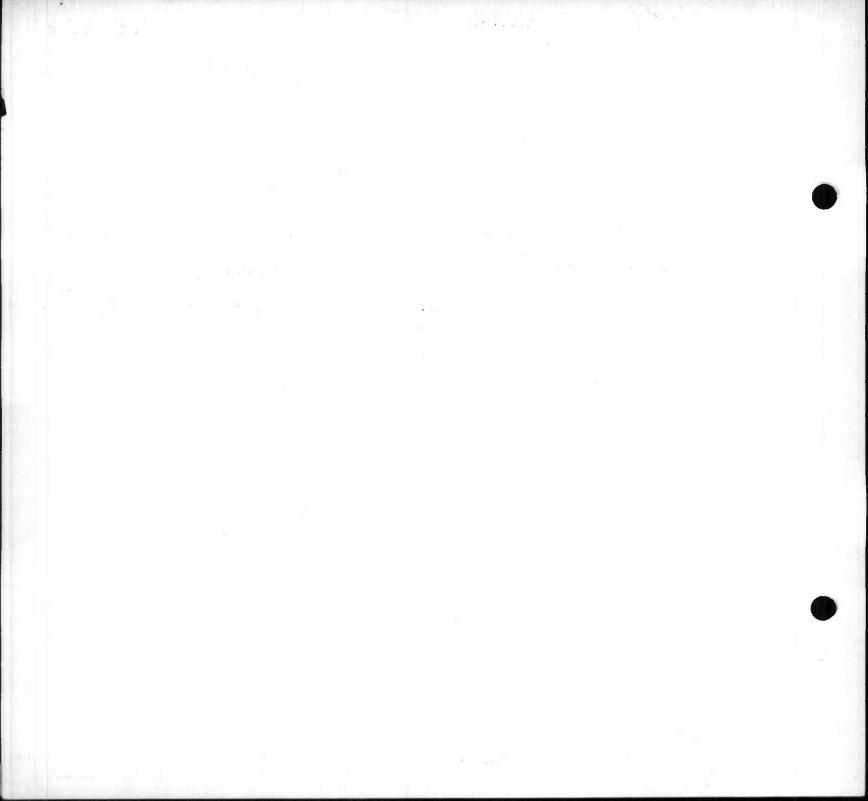
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	al disposition is made
at d	0 - 1:
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4 + + b	P +
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approved by the chief medical examiner or his assistant if death occurred in a hospital and to the hospital by a medical examiner. Also, if the direct or contributing cause of death of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased all (except where the physician who pronounced death was in regular attendance on the	200
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This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows; (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the	deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.
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// F2) 100 000000	BALTIMORE CITY	HEALTH DEPARTMENT		72 02791
H-520 72 02791	CERTIFICA	TE OF DEATH	REG. NO	12 12/31
BIRTH NO.			AND HOUR OF DEATH	1
(Type or Print) Eugene Haynes			3/15/72	1 4:29 A M
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUN	ICED DEAD	4. USUAL RESIDENCE (W	here deceased lived. If	institution: residence before admission)
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUT	ION CIVE STREET	Maryland		rundel 5
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUT ADDRESS OR LOCATION)	ION, GIVE STREET	C. CITY OR TOWN		SIDE CITY LIMITS?
Mercy Hospital		Glen Burnie	-	YES NO T
301 St. Paul Plac	e 21202	E. STREET AND NUMBER		
		112 lith St.	S.E. 21061	
5. SEX 6. RACE 7. MARRIEDX	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years tost birthday)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
M WIDOWED	DIVORCED _	5/23/13	58	
10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF B done during most of working life, even if retired)	USINESS OR INDUSTRY	11. BIRTHPLACE (State or fo	oreign country)	12. CITIZEN OF WHAT COUNTRY?
	Brothers	Kentucky		U.S.
13. FATHER'S NAME		14. MOTHER'S MAIDEN N	AME	
Carl Haynes		Sudd	ie Horsley	
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service)	6. SOCIAL	17. INFORMANT		ADDRESS
	SECURITY NO.	Adele Ha	mag (gam	
Yes Prior to W.W.II	214 14 811 CAUSE OF DEAT	W	ynes (sam	APPROXIMATE INTERVAL
DISEASE OF CONDITION DIRECTLY		10 1		BETWEEN ONSET AND DEATH
LEADING TO DEATH	(A)IMMEDIATE CAL	USE PUVIM	naralmon.	W selows
(This does not mean the mode of dying, e.g., heart failure, asthenio, etc. It means the disease,		A CONSEQUENCE OF:		Λ
injury or complication which coused deoth.)	0.11	An in adam.	4	
ANTECEDENT CAUSES	(B) / W/	mun eagin	4 1	MM
DISEASES OR CONDITIONS, if ony, giving	DUE TO, OF	A-CONSEQUENCE OF:	44 1 1 1 1	24 1 -2(1) 10
rise to the above couse (A) stating the UNDERLYING CONDITION lost.	(c) /	DU11-14	max gust	are 120 man
	,		900	
O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).			7	
		***************************************		
19A. DATE OF OPERATION 19B. CONDITION FOR WI	HICH OPERATION	20A. AUTOPSY? (Yes or	IN CERTIFYING C	FINDINGS CONSIDERED AUSES OF DEATH?
198. CONDITION FOR WI WAS PERFORMED  198. ACCIDENT WAS UNDERLYING   218. P	LACE OF INITIBY (o.o.	in or obout 21 C. WHERE DID	/If in Rollin	ore City, give exoct lacotion)
OR CONTRIBUTING CAUSE OF home,	form, foctory, street, o	ffice bldg., INJURY OCCUR?	(ii iii boiliiii	ore City, give exact taconary
ō				
S OF INJURY	At Not Whi	21F. HOW DID 1	NJURY OCCUR?	4
(APPROX.) White	At Work	Tu JUUM	22 1	1 1572 72
22. I certify that (I) (this hospital) attended the	decessed from	11/1 2 61/1	19 /2 to /	(MULI) 2 1119 12.
that (1) (we) last sow the deceased alive on	1 WULLS	19 / < ond	that in (my) (our) of	oinlan deoth occurred on the date
ond hour and from the couses stoted obove. (1)	(We) (dld) (did not)	view the bady ofter deot	n.	
23A. SIGNATURE				23B. DATE SIGNED
The manufacture	DEGREE Phy	ending Med. Director	Staff Phys.	3-15-72
23C. PHYSICIAN'S NAME (Type)		23D. ADDRESS		
Glushakow	DE GREE	301 St. F	aul Place	
	AE of CEMETERY OF CR	EMATORY 24D.	LOCATION	City, town, or county) (State)
5	y Cross Ca	motony	table II	
25A. DATE REC'D BY HEALTH DEPT. 258, NAME OF	REGISTRAR	25C. FUNERAL DIRECT	or Hew	XODRESS Md.
MAR 21 1972 Pale & Jakes	KB () ()	George J.	Gonce, 400	I Ritchie Hgwy.,
We have a second				Baltimore, Md.



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

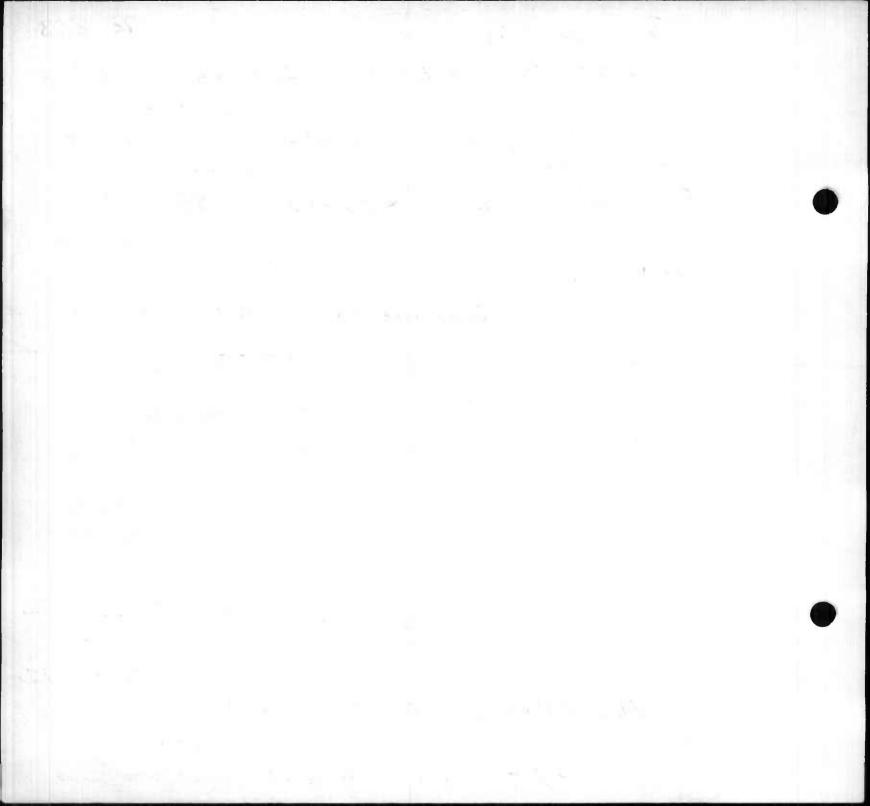
	10-453 72 02	1.16	HEALTH DEPARTMENT	o. 72 02792
	RTH NO.	CERTIFICA	TE OF DEATH REG. N	. 12 02102
(1)	NAME OF DECEASED TO THE PROPERTY OF PRINTING	reulond.	2. DATE AND HOUR OF D	1 10.35 a ,m
3.	PLACE IN BALTIMORE, MARYLAND, WHERE P	RONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased live	d. If institutions residence before admission)
FU H IN	JLL NAME OF (IF NOT IN HOSPITAL OR I OSPITAL DR ADDRESS OR LOCATION)	NSTITUTION, GIVE STREET	Moreyland	o, INSIDE CITY LIMITS?
1	41.0	/ /	Bolla,	YES NO
	Sutherpu His	oxel.	E. STREET AND NUMBER	P1.
5.	SEX 6. RACE . 7. MAR	RIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE IM years	s If Under 1 Yr., If Under 24 Hrs.
VZ	note whith wido	WED DIVORCED	7-11-03 lost birthdoyl	Manths Doys Hours Min.
10,	A. USUAL D CCUPATION (Give kind of work 108, KIN ne during mest of working life, even if retired)		11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
L	Meat cutter H	. H. Borchers	Maryland	USA
13.	FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
	Walter W. (late)		Unknown	
15. (Yo	Was Deceased Ever in U. S. Armed Farces? s, no or unknown) (If yes, give war or dates of son	1 6. SDCIAL ricel SECURITY NO.	17. INFORMANT	ADDRESS 21229
		218-01-2248A	Mrs. Elizabeth Whaylan	d 4607 Pen Lucy Rd.
	18.42 7.0 I	CAUSE OF DEATH		APPROXIMATE INTERVAL
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	CARDI	AC ARREST	BETWEEN ONSET AND DEATH
	(This does not mean the mode of dving.	(A) IMMEDIATE CAU	SE	
	hearl failure, asthenia, etc. It means the dis- injury or complication which caused death.)	agse,	CONSEQUENCE OF:	= 0
	ANTECEDENT CAUSES	Congestile.	scart-Failure.	5 days
	DISEASES OR CONDITIONS, il any, gi	(B)	A CONSEQUENCE OF:	
	rise to the above cause (A) stating	The	A CONSEQUENCE OF:	
	UNDERLYING CONDITION last.	(c)		
Z	OTHER SIGNIFICANT CONDITIONS CONTRIBUTE	NC		
ATION	TO THE DEATH BUT NOT RELATED TO THE TERMIN DISEASE OR CONDITION GIVEN IN PART 1 (A).	NAL		
ERTIFIC/	19A. DATE OF OPERATION 198 CONDITION I	DR WHICH OPERATION	20A. AUTOPSY? (Yes or No.) 208. IF YES, WIN CERTIFYING	VERE FINDINGS CD NSIDERED G CAUSES OF DEATH?
CER	21A- A CCIDENT WAS UNDERLYING	218. FLACE OF INJURY (e.g., in	100	
ΰ	21A- A CCIDENT WAS UNDERLYING OR CONTRIBUTIND CAUSE OF DEATH (notify medical examine)	home, form, factory, street, offi	ce bidg. INJURY OCCUR?	litimare City, give exact location)
1 444	21D-TIME (Manth) (Doyl (Year) (Hour) OF INJURY	21E, INJURY D CCURRED	21F. HOW DID INJURY OCCUR?	
Z	(APPROX.)	While At Not While At Work		
	22. I certify that (i) (this haspital) attend		3 / 15 ) 19 72 ta	3   191 1077.
	that (I) (we) last saw the deceased alive			apinion death occurred an the date
	and havr and fram the causes stated abov			spinion death occurred an the date
	23A. SIGNATURE	(1) (110) (010) (010 1101) (1	ew the body offer dedth.	23 B, D ATE SIGNED
	Anjana zishe	MI) Atten	ding Med. Staff Phys.	23 DATE STORED
	23C. PHYSICIAN'S NAME (Type) ANJAMA DOJ	DEGREE Phys.	Director Phys. L	
	717-0-7/8/7 35-03-0	DEGREE		
	REMDVAL (Specify)	C. NAME of CEMETERY OF CREA		(City, town, or county) (State)
25A	Burial 3/22/72  DATE REC'D BY HEALTH DEPT. 25B. NA/	Woodlawn	Woodlawn,	Maryland
-54	MAR 9.1 1972 P.C. 258. NA	REGISTRAR	25C-FUNERAL DIRECTOR 11tzke, 1630 Edmonds	ADDRESS son Avenue 21228
VS	150-REV. 17/68	Laber Tree.	, 20, 20, 100	



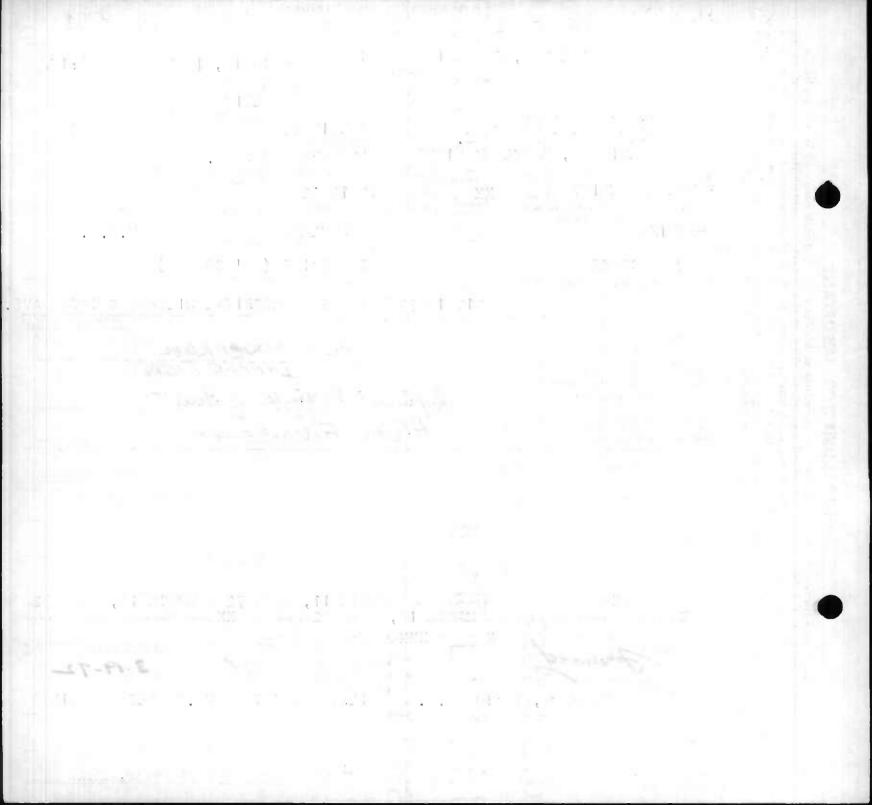
IMPORTANT FUNERAL DIRECTOR:

VS 150-REV. 1/1/68

BALTIMORE CITY HEALTH DEPARTMENT M. 4. USUAL RESIDENCE (Where deceosed lived, If institution residence before admission)
A, STATE
B. COUNTY D. INSIDE CITY LIMITS? NO X If Under 1 Yr. Months: Doys If Under 24 Hrs. Hours Min. 12. CITIZEN OF WHAT COUNTRY? ADDRESS 921 Prestwood Road 21228 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 208, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Boltimore City, give exoct location) and that in (my) (our) opinion death occurred an the date 23 B. DATE SIGNED (City, town, or county) Baltimore, Maryland ADDRESS



	1	M-250 72 02794 CERTIFICATE OF	70 00707
7.00+0 5.00+0	BIK	IRTH NO. CERTIFICATE OF	F DEATH REG. NO. 12 VE.134
dea dea seas		NAME OF DECEASED MC KENNA, CATHERINE MARIE	MARCH 19, 1972   4:15P m.
Dec Dec ath.	3, 1	L PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED GEAD  4. USUAL A, STATE	L RESIDENCE (Where deceased lived, If institution; residence before admission) B. COUNTY
hospit ise of (5) De ance death	FU	HOSMITAL OR ADDRESS OR LOCATION)  ST AGNES HOSPITAL  MD  C. CITY C.	BALTIMORE 5 3 3 0 0
caus caus use; ((	IN:	NSTITUTION ST AGNES HOSPITAL BAL	TIMORE D. INSIDE CITY LIMITS?
uting od cau r att prior	14	WILKENS & CATON AVES.	T AND NUMBER
- 3 6 6	5. 6		AS NOTE OF ACT OF THE PARTY OF
contrib letermin in regul	F	FEMALE WHITE WIDOWED K DIVORCED 12 1	2 02 lost birthdoy 69 Months Days Hours Min.
B F D D		OA. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11. BIRTHI one during most of working life, even if refired)  HSEWIFE	PLACE (State or foreign country)  RYLAND  U.S.A.
vas vas	13.	3. FATHER'S NAME 14. MOTH	IER'S MAIDEN NAME
irec (4) (4) Hispor		EDWARD CROSS CAT	HERINE ( O' CONNOR)
stant ind; leath o on	15. (Yes	5. Was Decembed Ever in U. S. Armed Forces? (es, no or unknown) Uf yes, give war or dates of service)  16. SOCIAL SECURITY NO.	
*** 740 0 5	L		AGNES HOSPITAL WILKENS & CATON AVE.
Also, If the of any lounced attendan		DISEASE OR CONDITION DIRECTLY	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
er. Also, cture of a pronounce lar atten		LEADING TO DEATH	UENCE OF: INFARCTION
trure fron ar a		This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	UENCE OF: INFARCTION
		Injury or complication which caused death.)  ANTECEDENT CAUSES  Diehter od	Ventricle of Heart
A fr		DISEASES OR CONDITIONS, If any, giving (8) Ruptured  Out 10, pr AS A CONSECUTION OF THE PROPERTY OF THE PROPER	QUENCE OF:
(3) (3) (3) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4		ise to the above cause (A) stating the UNDERLYING CONDITION less.	Fibrillation
	_	11	
medica medica r burns physici an was	CERTIFICATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
9 TO 0 E	FICA	DISEASE OF CONDITION GIVEN IN PART 1 (A).  194 DATE OF OPERATION 198 CONDITION FOR WHICH OPERATION 204 A	UTOPSYR (Yes or No.) 208, IF YES, WERE FINDINGS CONSIDERED IN CERTIFIING CAUSES OF DEATH?
4 7 8 4 Ye	ERTI	WAS PERPORMED	140
+		OR CONTRIBUTING CAUSE OF home form factory afrest office bidg.	NJURY OCCUR? (Il in Baltimore City, give exact location)
- F3 3 6	MEDICAL	210-TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED	216. HOW DID INJURY OCCUR?
2000		(APPROX) Werk At Wark	
ppro the any (ex obt		22. I certify that XIX(this hospital) attended the deceased from MARCH	
be app ed to that of an oital (e ath); st be o		that (i) (we) last saw the deceased alive on MARCH 19, 19	
deat deat deat must		and hour and from the causes stated above. (N (We) (dld) (d)())(N)()(view the b	ody after death.   238, DATE SIGNED
22:24 0-		DEGREE Phys.	Med. Staff Director Phys. 3-19-72
S re		23C.PHYSICIAN'S 23D. ADDR	ESS
ificate y was r 1) An a 3.A. at d prior		DECREE	ENS & CATON AVE.S BALTO MD 21229
F-000 -	244	44. BURIAL CREMATION, 248. DATE 24C. NAME of CEMETERY of CREMATORY	24D. LOCATION (City, town, or county) (State)
the bod shows: was D. deceas		Burial 3/23/72 New Cathedral Cemeter 5A. DATE REC'D BY HEALTH DEPT. 256. HAMAGE REGISTRAR 0 255C. 1	W Baltimore, Maryland UNERGL DIRECTOR, ADDRESS
This the show was dece		MAD 91 1972 Robert E. Salley M.B. U O O BE	tzke, 9630 Edmondson Avenue, 21228
	VS	5 13-038 40 1/1768	



the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased wos D.O.A. at a hospitol (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

11.11/2	BALTIMORE CITY	HEALTH DEPARTMENT		
11-143 72 027	95 CERTIFICA	TE OF DEATH	REG. NO. 72	02795
1. NAME OF DECEASED			HOUR OF DEATH	
GEORGE	NEBLETT		172.	11:500 M.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PR	ONOUNCED DEAD	4. USUAL RESIDENCE TWhere d.	eccosed lived. If institution	residence before odmission)
FULL NAME OF (IF NOT IN HOSPITAL OR II ADDRESS OR LOCATION)	NSTITUTION, GIVE STREET	C. CITY OR TOWN	L TZMORS.	CIMITS?
ILM MARY LAND	GSNERA L	BALTIMORE		
T8 405827	AL.	E. STREET AND NUMBER PASTI 1726		G. Homs:
5. SEX   6. RACE   7. MAD	RIED NEVER MARRIED			
M N WIDO	WED DIVORCED	7-13-87 1051	biethdoyl Month	der 1 Yr. II Under 24 Hrs. ns: Days Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10B. KIN done during most of working life, even if tellred)	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign	country) 12. C	ITIZEN OF WHAT COUNTRY?
Laborer		VIRGINIA	1.	U.S.A.
13- FATHER'S NAME		14. MOTHER'S MAIDEN NAME		01 7.77
UNKNOWN		Febbie		
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dotes of serv	1 6. SOCIAL	17. INFORMANT		ADDRESS
1/45 W.W. T.	SECURITY NO.	MRS. COLOLO	1GH (Suga	( 0 )
18. / / /	CAUSE OF DEAT		TOH COLLEGE	APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY	R	. 0	,	BETWEEN ONSET AND DEATH
LEADING TO DEATH	(A) IMMEDIATE CAU	chapneuman	ucu	
(This does not mean the mode of dying, heart failure, asthenia, etc. It means the disc	DUETO OF AC	A CONSEQUENCE OF:	***********************	
injury or complication which caused death.)	1	1011	- Per =	X The state of the
ANTECEDENT CAUSES	Caraci	noma af legt	, sunge	
DISEASES OR CONDITIONS, if any, gi	ving (8)	noma af left A CONSEQUENCE OF: m	edundases)	*******************
underlying condition last.	me			
	(C)			***************************************
OTHER SIGNIFICANT CONDITIONS CONTRIBUTI	NG			
TO THE DEATH BUT NOT RELATED TO THE TERMINE DISEASE OR CONDITION GIVEN IN PART 1 (A).	NAL	****	P	
19A DATE OF OPERATION 119R CONDITION I	OR WHICH OPERATION	20A. AUTOPSYT (Yes or No.) 20	B. IF YES, WERE FINDING	S CONSIDERED
		291	CERTIFIEND CAUSES OF	DEATH
OR CONTRIBUTING CAUSE OF DEATH (notify medical examine)	21B. PLACE OF INJURY (e.g., in home, farm, foctory, street, of etc.)	ice bldg. INJURY OCCUR?	(If in Boltimore City, g	live exact location)
O 210 TIME (Month) (Doy) (Year) (Hour)	21E INJURY OCCURRED	21F. HOW DID INJURY	OCCUR?	
OF INJURY (APPROX.)	While At Work At Work			
22. I certify that (I) (this hospital) attend		3-11	20 3 - 1	3 2 .
that (i) (we) last sow the deceased alive		22	10	19
		Annual A tradestantes Alle Liel II	(my) (out) opinion de	oth occurred on the date
ond hour and from the couses stated above	e. (1) (We) (did) (did not) v	lew the body ofter deoth.		
(D) () ()	h x	nding Med.  Staff	_ /	ATE SIGNED
22C PHYSICIANS	DEGREE Phys	. Director L. Phys	. 4	113/12
23C. PHYSICIAN'S NAME (Type) macHASL GR	ASSO M.P	23D. ADDRESS	Deaga D	
24A. BURIAL CREMATION, 24B. DATE 24	C. NAME of CEMETERY OF CRE	MATORY (24D. LOCA	TION (City, town,	or countyl (State)
REMOVAL (Specily) 2-20-721	MT D.L.	1 1 111	t - +	MN
25A. DATE REC'D BY HEALTH DEPT.   25B. NA	ME OF REGISTRAR	25C, FUNERAL DIRECTOR	POH	ADDRESS
MAR 91 1079 P. Q. Q. Q. Z. Q.	TACO 2 0	0 2017 77 8	100 a / Hame 1)	19N. Carolinest.
VS 150-REV. 1/1/68	<del>-</del>	Mican 14N	er 4/ /70174/10	111. ( 9r 0)11Kg Y.

· 2/25/72 -Ad 15/8 E. Biddle Sti

t if death occurred in a hospitol and rect or contributing cause of deoth (4) Undetermined couse; (5) Deceased Such 00 deoth. ottendonce 0 <u>.</u> prior disposition is made. regulor deceosed 2 Was the death kind; final attendance any pronounced PO embolmed frocture of regulor who GLO (3) A 2 before the remoins physicion WOS any noture; (2) Body burns; No physicion the 0 where the body was released to the hospital opproved by obtained 9 (except ond eoth); 99 An occident of hospitol must corrificate must 0 0 0

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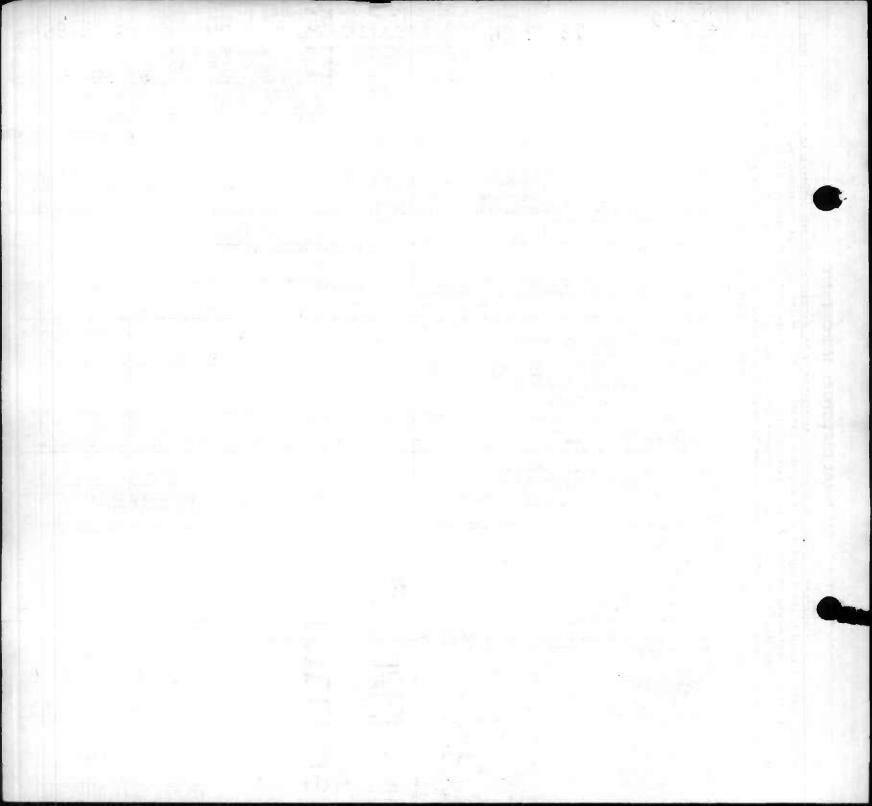
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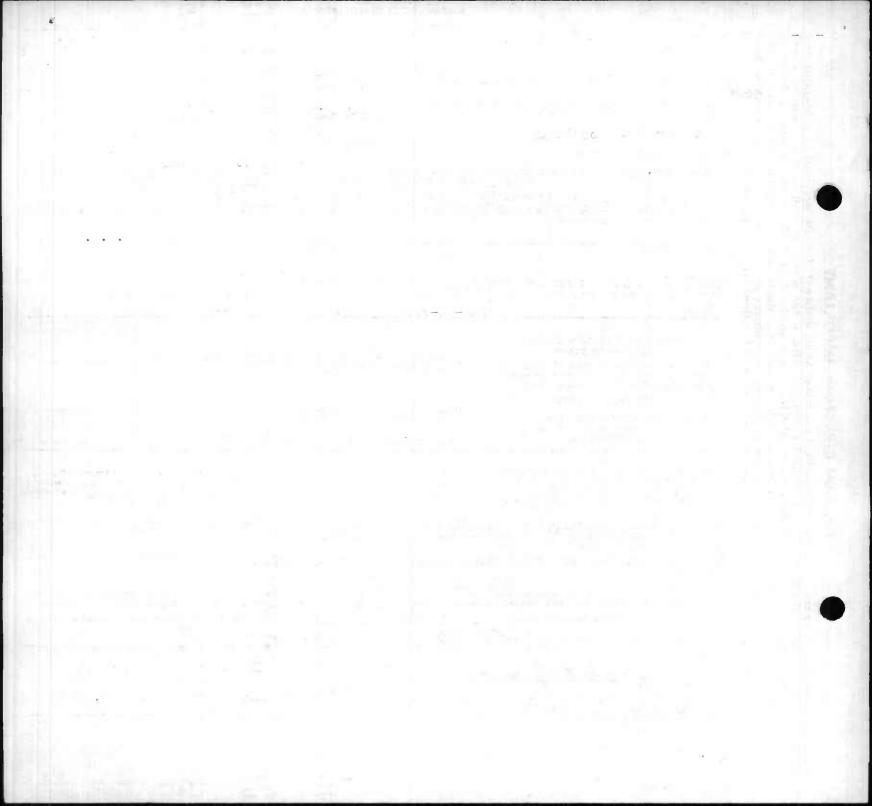
BALTIMORE CITY HEALTH DEPARTMENT 72 0270 72 02796 REG. NO. CERTIFICATE OF DEATH BIRTH NO. I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) GUIS 19-72 .45 A 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE IWhere deceased lived, Il institution: residence B. COUNTY Maryland (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) FULL NAME OF HOSPITAL OR C. CITY OR TOWN D. INSIDE CITY LIMITS? Baltimore YES NO T Hospita E. STREET AND NUMBER 1516 -Uzerne 5. SEX 6. RACE 8. DATE OF BIRTH 7- MARRIED NEVER MARRIED 9. AGE IIn years lost birthday) Il Under 1 Yt. If Under 24 Hrs. Hours WIDOWED M DIVORCED 10A USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE ISlate or foreign country 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if rettred) MOTHER'S MAIDEN NAME 13. FATHER'S NAME on 15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) lill yes, give war er dotes of service) 1 & SOCIAL SECURITY NO. 17. INFORMANT ADDRESS -5020Di 216-07-9479 1 CAUSE OF DEATH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH Hypertensive and DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) IMMEDIATE CAUSE COndidioscular Disease
DUE TO, OR AS A CONSEQUENCE OF: (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury at camplication which caused death.) ANTECEDENT CAUSES DUE TO, OR AS A CONSEQUENCE OF: DISEASES OR CONDITIONS, if any, giving lo the obove cause (A) stating the Mellitino UNDERLYING CONDITION last CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A DATE OF OPERATION 19E CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? WAS PERFORMED 21B. PLACE OF INJURY Ie.g., in or about 21C. WHERE DID home, form, loctory, street, office bldg., INJURY OCCUR? 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (If in Boltimore City, give exact location) MEDICAL DEATH (notily medical examined OF INJURY (Month) (Day) (Year) [Hour 21F. HOW DID INJURY OCCUR? 21E INJURY OCCURRED Not While White At [ (APPROX) At Work Work 22. I certify that N (this hospital) attended the deceased from. 07 - 19 that (1) (ve) last sow the deceased alive on, 19 \_\_\_\_ ond that In(my) (out) opinion death accurred on the date and hour and from the couses stated above. (1) (Me) (did) (and not) view the body after death. 23A. SIGNATURE 23 L DATE SIGNED Attending Med. Staff Phys. MD Kayman 23C. PHYSICIANS 19-72 approvol Phys. Director 23D. ADDRESS NAME ITYPE HOSPITAL MAN. ROUIDE NT DEGREE deceased written ap 24A. BURIAL CREMATION, 248. DATE 24C. NAME OF CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) REMOVAL, (Specify) HEALTH DEPT. 25A. DATE REC'D BY 25C. FUNERAL DIRECTOR ADDRESS 8 2



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IMPORTANT	
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NAME OF TAXABLE PARTY.	
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IERAL DIRECTOR:	

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. VS 150-REV. 1/1/68

1	100			BALTIMORE CITY	HEALTH DEPARTMEN		
BIRT	H NO.	72 (	2797	CERTIFICA	TE OF DEATH	REG. NO.	72 02797
1. N	AME OF DEC		0 1		2. DATI	AND HOUR OF DEAT	Н
-		LES HI	Davi		U. Menas essinence	3117172	institution; residence before admission)
		TIMORE, MARYLAND, Y			A. STATE 8. C	OUNTY	institutions residence before admission)
HO	L NAME OF SMIAL OR TITUTION	ADDRESS OR LOC	AL OR INSTITU	JTION, GIVE STREET	c. cit er town	D. II	NSIDE CITY LIMITS?
Ba	ltimore	City Hospita	als		Bald.	MA	YES NO
49	40 East	ern Avenue			E. STREET AND NUMBER 2223 Mura	•••	1213
Pa	ltimore	Maryland	21221		8. DATE OF BIRTH	9. AGE (In years	
	Male	Negro	7- MARRIED WIDOWED	DIVORCED	8/29/38	last birthday	Months Days Hours Min.
	USUAL OCCL	JPATION (Give kind of wor	108 KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State of	foreign country)	12 CITIZEN OF WHAT COUNTRY?
done	during most at 1	working life, even if reffred)			Manueland		TILC A
13. 8	ATHER'S NAM	ME			Maryland 14. MOTHER'S MAIDEN	NAME	ULS.A.
		<u> </u>				. 0	
100	Alfred	GHIN	re)		Mary 1	9V )J	
(Xes	no of unknown)	Ever in U. S. Armed Fo	s of service)	SECURITY NO.	17. INFORMANT	4940 Bast	ern Avenue
4	45			216-34-7778	BCH: RECORD	OS Baltimore	Maryland 21224
	18. 58	2X 1		CAUSE OF DEAT	H		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
		E OR CONDITION DI LEADING TO DEATH	RECTLY		P 1.	1	
		at mean the mode of	dving. o.g.	(A) IMMEDIATE CAL		Julmonary F	Terry
	heart failure,	asthenia, etc. It means	the disease,	DUE 10, OR AS	A CONSEQUENCE OF:		
		plication which caused		10			
		ANTECEDENT CAUSES			eumonia		
		OR CONDITIONS, If		01	A CONSEQUENCE OF:	F 11	
		CONDITION last		(c) C /V.	ronic Renal	tailure	
z		11	A COMPANY DOWN A CO	<i>c</i> 1			Renal ,
II è I	TO THE DEAT	ICANT CONDITIONS CO H BUT NOT RELATED TO T ONDITION GIVEN IN PAI	HE TERMINIA!	31b k	emoval RtL1	Tidness; 11	p Transplantating
5	19A. DATE OF	OPERATION 1198 COL	INTION FOR V	WHICH OPERATION	20A. AUTOPSY? (Yes o	No. 208, IF YES, WEI	RE FINDINGS CONSIDERED CAUSES OF DEATH?
	L 31	1135	PERMED TO	) semment	YES		CAUSES OF DEATH!
U	21 A. ACCIDEN	IT WAS UNDERLYING	218,	PLACE OF INJURY (e.g.	n of about 21 C. WHERE DI	D (if in Baltin	nore City, give exact location)
	DEATH (notily	medical examined	etc.l				
	21 D. TIME OF INJURY	(Manth) (Day) (Year)	(Hour) 21 &	INJURY OCCURRED		(NJURY OCCUR?	
1151	(APPROX.)		Whi	Not While	• 🗆		
	22. I certify	that (1) (this haspita	l) attended t		2/21/72		3/12/22 19
		last saw the deceas		3/14/2	19an	d that In(my) (our) c	pinian death accurred on the date
	and haur and	from the causes sta	ted abave (1	(We) (did) (did nat)	lew the bady after dec	th.	
	23A. SIGNATU	IRE	. ,				23B, DATE SIGNED
		Walter L.	Melse.	(41) DEGREE Phy	e. Med. Director	Stuff Phys.	3/12/22
	23C. PHYSICIA NAME (T	N'S ype)			23D. ADDRESS	atom Aroni	Baltimana Mamaland
	Wa	Her L. G	erber.	MD	R 474 7	SCALL AVELUE	Baltimore, Maryland
24A	BURIAL CRE	MATION, 24B, DATE	24C. N	DEGREE	EMATORY 24	D. LOCATION	(City, town, or county), (State)
17	July 111	0 13-22	721 6	Salto. Ce	metters	Balt.	ma.
25A	DATE REC'D	BY HEALTH DEPT.	25B HAME	E REGISTRAR	25C, FUNERAL DIREC	10 c g n - 1	ADDRESS (
	MAR 2.1	DIC VARIETY	di 43453	30	Bullos	- illichar	2/12 7/1 Graling

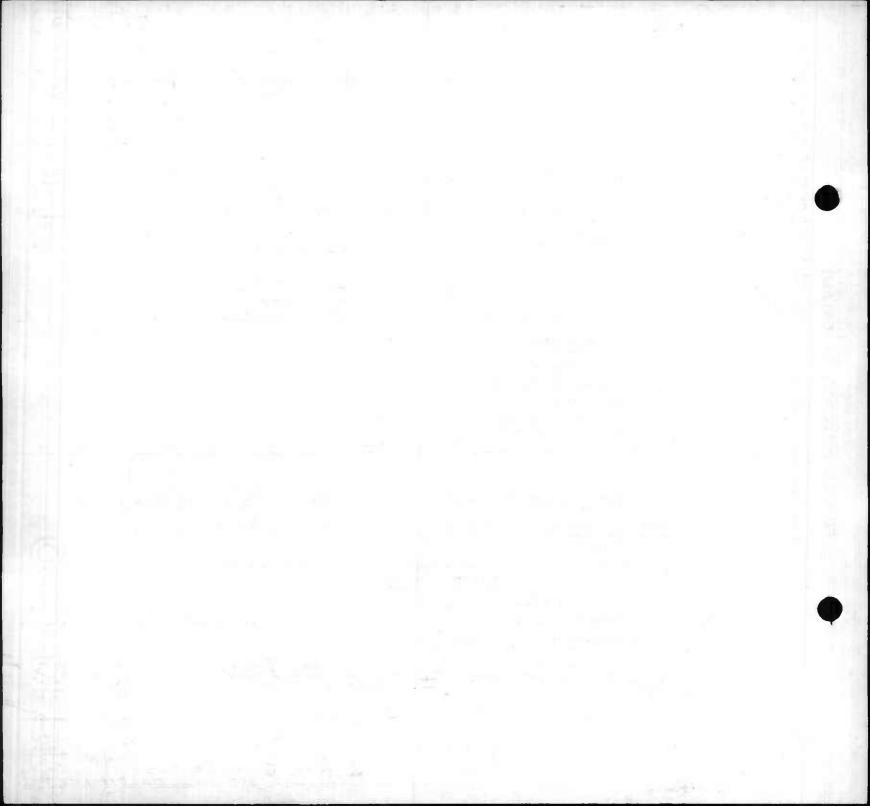


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written approval must be obtained before the remains are embalmed or final disposition is made.

VS 150-REV. 1/1/68

	7-151	7		BAL	TIMORE CIT	Y HEALTH DE	PARTMENT		120	0.0120.0	
BIL	RTH NO.	72 02	2798	CE	RTIFICA	TE OF	DEATH	REG. NO	12	02798	
1,1	NAME OF DECE	ASED						ND HOUR OF DEATH	4		
(Ту	pe or Print)	ORONEOS	Mr.	HNDR	EW			3/17/79	2 1	8:40	Am
3.	PLACE IN BALT	MORE MARYLAND, W	HERE PR	ONOUNCED DE	AD	A. STATE	ESIDENCE (WH	nere deceased lived. If	institution; re	sidence before adm	nissian)
FU Ho	ILL NAME OF	(IF NOT IN HOSPIT	AL OR IN	ISTITUTION, GIV	E STREET		BALTIH	ORE- MA	194C	4ND.=1	02
ĪŅ	STITUTION		4.			C. CITY OR	TOWN	D. IN	SIDE CITY LI		
P		4 Home &				E. STREET	ND NUMBER		YES D	NO	
		TH BROADU	VAY	St.		600	S. LINU	VOOD. ATE	ulu .	21224	
5.	FALE	White	WIDO		VORCED	8. DATE OF	4/97	9. AGE (In years tost birthday)	If Under Months	1 Yr. If Under 2	24 Hrs. Min.
		ATION (Give kind of work orking life, even if retired)	10B, KINI	OF BUSINESS	OR INDUSTR		CE (Siole or for	reign country)	12. CITIZ	EN OF WHAT CO	UNTRY?
(	Candy	maker	(	andy		GR	EECE		U.	5. A.	
13	FATHER'S NAM	-	000	0115	0.0		'S MAIDEN NA		4.0.44		
				ONEC	/3	MAH	CGAR	T ECO	DOM	05	
15. (Ye	Was Deceased I s,no or unknown)	ver in U.S. Anned For If yes, give war or date:	es? s oi servi		ITY NO.	17. INFORMA	WY	Coroneo	<	ADDRESS	
	Yes	W. W. 7	_	2163	29793			wood Ave	1200	timore	Md
	18.402	X		CAU	SE OF DEAT	H	EDEM			APPROXIMATE INTE	RVAL
	DISEASE	OR CONDITION DIR	ECTLY			-, , ,	EUGN	+.		junead	
	(This does no	mean the mode of	dying,	L-C/	MMEDIATE CA	A CONSEQUE	VCE OF:	0			
	injury at camp	sihenia, eic. It means lication which caused	death.)	gse,	CIRRH	2815 Of	the L			3mouth	
	A	NTECEDENT CAUSES		/a\			MELLI	TVS.		Mary ge	ars
	DISEASES OR	conditions, if above cause (A)	iny, gi	ring (5)	UE TO, OR AS	A CONSEQUE	NCE OF:	5.1. 1			10000
		CONDITION last.	arunng	(C)	MKIA	MON	LATIC	N- HYPER	TEU	ION	
z		11									
ATIO	TO THE DEATH	BUT NOT RELATED TO TH	E TERMIN	NG IAL							
FICA	19A. DATE OF	PERATION 198 CON	DITION F	OR WHICH OFE	RATION	20A. AUT	DPSY? (Yes or N	a) 208, IF YES, WERE IN CERTIFYING CA	FINDINGS	CONSIDERED	
CERTIFIC	0	WAS PERF						IN CERTIFYING CA	razez ot D	EATH?	
CALC	OR CONTRIBUT DEATH (notify n	WAS UNDERLYING TING CAUSE OF		21B. PLACE OF home, lonn, for etc.)	INJURY (e.g., idory, street, o	n or obout 21C ffice bldg, INJ	WHERE DID	(If In Boltima	re City, give	exact facation)	
0	21D. TIME (	Month) (Doy) (Year	(Hour)	21E INJURY O	CCURRED	21 F.	HOW DID IN	JURY OCCUR?			
2	(APPROX)			While At	Not While					,	
	22. I certify th	hat (i) (this hospital)	attend			3	121	19 72 to	3/	17/2219	
	1	ost sow the decease		*		72 19	,	hat In (my) (our) ap		/	
	ond hour and	fram the causes state	ed abov	e. (i) (We) (did	(			•			
	23A SIGNATUR		1						238, DATE	SIGNED	
	Vuti	U. Ods	2	2	Poloter Phy	inding	Med. Director	Staff Phys.		3117/7	7.
	23 C. PHYSICIAN NAME (Typ		-			23D. ADDRESS					
244	BURIAL CREM	ATION 124B DATE	7 6	CHHAI	10 France	)					
1	REMOVAL (Sp.	ecifyl	240	A / I /		MATORY	17		ity, town, or	county) (St	late)
25A	BUFIA	3-20-	72 \	VOODIA	wn C	emeter		Itimore,	110.	ADDRESS	
MI	AR 21 197	2 046 2	52.50	1		Nich	TAL BIRECTS	Matthe	WS	ADDRESS	Md



the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

1 151	BALTIMORE CITY	HEALTH DEPARTMENT		wa cared
DIKITI IVO.	CERTIFICA	TE OF DEATH		72 02799
1. NAME OF DECEASED (Type or Print) Mary Larmore		2. DATE A	ch 18, 1972	10:25 P.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED	DEAD	4. USUAL RESIDENCE (Who	ere deceased lived. If in	stitution: residence before admission
FULL NAME OF HOSPITAL OR INSTITUTION, ADDRESS OR LOCATION)	GIVE STREET	Maryland c. CITY OR TOWN		843
OD		Baltimore		YES 🔀 NO 🗌
Greenwood Acres Nursing Home		e. Street AND NUMBER 2715 E. Pres	ton Street	
F WIDOWED	DIVORCED	1/5/96	9. AGE (in years lost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINI done during most of working life, even if refired)	ESS OR INDUSTRY	11. BIRTHPLACE (State or fore	ign country(	12. CITIZEN OF WHAT COUNTRY
Housewife		Virginia		U.S.A
13. FATHER'S NAME		14. MOTHER'S MAIDEN NA	ME	
5. Was Deceased Ever in U. S. Armed Forces? 16. SOI Yes, no or unknown(liff yes, give war or dates of service) SEC		17. INFORMANT		ADDRESS
and the first of t	-10-6715-T	Patients (	hart	
	AUSE OF DEATH		22012	APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY				BETWEEN ONSET AND DEATH
LEADING TO DEATH	(A) IMMEDIATE CAUS		llitus	20 years
IThis does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	DUE TO, OR AS A	CONSEQUENCE OF:	***************************************	
injury or camplication which caused death.)				
ANTECEDENT CAUSES	(8)			
use in the above conse (v) simila the	OUE TO, OR AS A	CONSEQUENCE OF:		
11				
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN (IN PART 1 (A).  19A-DATE OF OPERATION 19R. CONDITION FOR WHICH WAS PERFORMED  21A-ACCIDENT WAS UNDERLYING 1	***************			
198. CONDITION FOR WHICH	OPERATION	20A. AUTOPSY? (Yes or No	20B. IF YES, WERE	FINDINGS CONSIDERED
WAS TENDENTED	****	No	THE CERTIFFING CAL	USES OF DEATH?
OR CONTRIBUTING CAUSE OF home, farm,	OF INJURY (e.g., in factory, street, office	or about 21 C. WHERE DID co bldg., INJURY OCCUR?	(If In Boltimore	e City, give exact location)
21D-TIME (Month) (Doyl (Year) (Hour) 21E (NJURY (APPROX.)	Not While	21F. HOW DID INJ	URY OCCUR?	
22. I certify that (I) (that has been attended the dece		av 26	9 /1 to Marc	h 18 10 72
that (I) (NOS) last saw the deceased alive an Max		7.0		ntan death occurred on the date
and haur and from the causes stated above. (1) (Wall			nt in (my) done, obti	nan death occurred on the date
23A, SIGNATURE A	(are) (ara nar) vie	w the bady after death.		23B, DATE SIGNED
Hanley (+obrevlerender)	Affend	ding Med.	Stoff [	March 19, 1972
23C. PHYSICIAN'S NAME (Type)	DEGREE Phys.	D. ADDRESS	Phys. L	
Stanley Z. Felsenberg M.D.	DEGREE			ore, Maryland 21202
Buist 323 72 mf	CEMETERY OF CREW	elecy 240. Le	Baltin	y, lown, or county) (Stole)
SA. DATE REC'D BY HEALTH DEPT. 25R. NAME OF REGIS	0 0 0	25C. FUNERAL DIRECTOR	Zim 9	Cummon Hand

-----그렇게 하게 되었다면 하는 그 없는 것이 되었다. 그 그 없는 그는 그들은 그 없는 것이 없었다.

72 02800 BALTIMORE CITY HEALTH DEPARTMENT MEDICAL EXAMINER'S CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED DATE Known 🗌 Manth Year Hour (Type or Print) OF CARLTON MOORE Estimated DEATH 4 PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 3 DATE Hour Month Year PRONOUNCED DEAD (IE NOT IN HOSPITAL OR INSTITUTION GIVE STREET 3 12 1972 FILL NAME OF 10:56a HOSPITAL ADDRESS OR LOCATION OR INSTITUTION 5. USUAL RESIDENCE (Where deceased lived. If Institution; residence before admission) B. COUNTY A. STATE Md. Provident Hospital (DOA) D. INSIDE CITY HMITS 7. RACE C. CITY OR TOWN 6. SFX 8. MARRIED NEVER MARRIED Balto. male. negro WIDOWED DIVORCED YES X NO 10. AGE (In years lost birthdoy) If Under 1 Yr. If Under 24 Hrs. 9. DATE OF BIRTH F STREET AND NUMBER Months, Doys, Hours, Min. 2200 Eutaw Place April 15, 1902 69 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF 13 FATHER'S NAME WHAT COUNTRY? Henry Moore Northhampton, Va. 4A.USUAL OCCUPATION (Give kind of work] 14B. KIND OF BUSINESS OR INDUSTRY 15. MOTHER'S MAIDEN NAME done during most of working life, even if retired)
Disability Indiana Scorborough 17. SOCIAL SECURITY NO. 220-09-1508 16. WAS DECEASED EVER IN U.S. ARMED FORCES? IB. INFORMANT ADDRESS (Yes, no or unknown) (If yes, give wor or dotes of service) Mary Turner, 4501 Norfolk Ave. APPROXIMATE INTERVAL CAUSE OF DEATH BETWEEN ONSET AND DEATH Arteriosclerotic cardiovascular disease DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A)IMMEDIATE CAUSE (This does not mean the mode of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF: heart foilure, osthenio, etc. It means the disease, Injury or complication which coused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A) 20 A. DATE OF OPERATION | 20B. CONDITION FOR WHICH OPERATION WAS PERFORMED 21. AUTOPSY? (Yes or No) 22A. UNI EXTERNAL CAUSE WAS 22B. PLACE OF INJURY(e.g., in or obout 22C. WHERE DID (If in Boltimore City, give exoct location) home, form, foctory, street, office bldg., etc.) INJURY OCCUR? UNDERLYING TOR CONTRIB-UTING CAUSE OF DEATH. 22D. TIME (Month) (Doy) (Hour) 22E, INJURY OCCURRED 22F. HOW DID INJURY OCCUR? (Yeor) OF INJURY NOT WHILE WHILE AT (APPROX.) WORK AT WORK Inspection Autopsy X I certify that I held on Inquiry ond that on this basis, deoth in my opinion Suicide resulted from: Notural couses Accident Undetermined monner CHIEF MEDICAL EXAMINER DATE SIGNED ACTUAL ASSISTANT MEDICAL EXAMINER M.D SIGNATURE ASSOCIATE MEDICAL EXAMINER **EXAMINER'S** 3 - 13 - 72Russell S. Fisher, M. D. NAME (Type) 24A. BURIAL CREMATION, 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION 24B. DATE (City, town, or county) (Stote) REMOVAL (Specify) Baltimore, Maryland Mt. Auburn Burial 3/16/75

25C. FUNERAL DIRECTOR

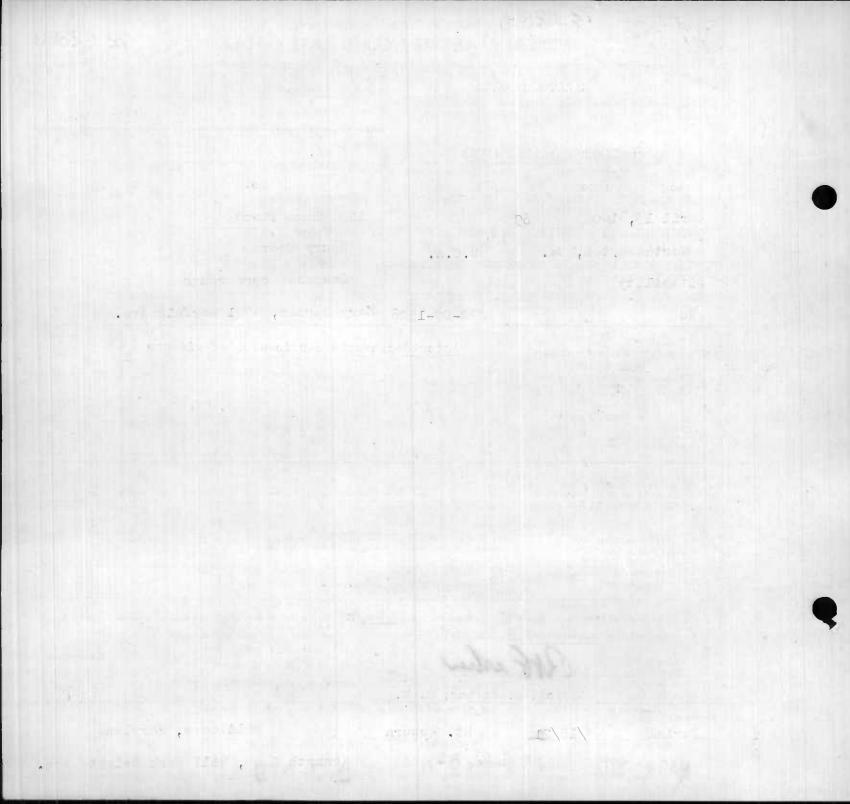
ADDRESS

Kenneth Law, 4611 Park Heights Ave.

VS 151-REV, 1/1/6B

25A DATE REC'D BY HEALTH DEPT.

25B. NAME OF REGISTRAR



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	N n-1 ma ca	BALTIMORE CITY	HEALTH DEPARTMENT	72 02801	
BO	11-256 72 028	CERTIFICA	TE OF DEATH REG. NO.	7~ 0.001	
	NAME OF DECEASED		2. DATE AND HOUR OF DEA	TH	
(Ту	(pe or Print) MO A) App. T	AMESIE	(NAIR) MARCH 1901	9721 5:41 0.	
3.	PLACE IN BALTIMORE, MARYLAND, WHERE PR	ONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, I	It institution: residence below admission)	
Leu	IN MANS OF US NOT IN HOSPITAL OR IN	In the second se	1 in	1513	
H	JLL NAME OF STATE OR IN HOSPITAL OR IN ADDRESS OR LOCATIONS STATEMENT	ASTITUTION, GIVE STREET	C.CITY OR TOWN D. I	NSIDE CITY LIMITS?	
19		1 1	BAltimore	YES NO NO	
411.	Provident Hospi	to	E. STREET AND NUMBER		
L	resolver 1.03b.	1171	2564 DRUID PARK	Drive.	
5,	SEX 6. RACE 7. MAR	RIED NEVER MARRIED	8. DATE OF BIRTH, 9. AGE (In years lost birthdoy)	Il Under 1 Yr. Il Under 24 Hrs. Months; Doys Hours Min.	
1	MALÉ Negro WIDON		9/19/14 5	7	
10A	LUSUAL OCCUPATION (Give lind of work 108, KIN ne during most of working life, even if retired)	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fareign country)	12. CITIZEN OF WHAT COUNTRY?	
	Unempacyed			U.S.A.	
13.	FATHER'S NAME		14. MOTHER'S MAIDEN NAME		
	Oscar McNair Erie Moore				
15.	Was Deceased Ever in U. S. Armed Forces? s, no ar unknown! If yes, give war or dates of serv	16. SOCIAL	17. INFORMANT	ADDRESS	
	NO	19018-5835	Gabrella McNair, 3511	Springdale Ave	
	18.303.91	CAUSE OF DEATH		APPROXIMATE INTERVAL	
1	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		DAIA	STATE OF STA	
	(This does not mean the mode of dving.	(A) IMMEDIATE CAU	SE A CONSEQUENCE OF:		
	heart failure, asthenia, etc. It means the disc Injury or camplication which caused death.)	lose,	A CONSEQUENCE OF:		
	ANTECEDENT CAUSES	Ω	lead line of Ar		
		(B)	cornous w/		
	DISEASES OR CONDITIONS, if any, gi	the DUE 10, OK AS	A CONSEQUENCE OF:		
	UNDERLYING CONDITION last.	(c)	12 run synowne	0	
z	11				
일	OTHER SIGNIFICANT CONDITIONS CONTRIBUTI				
S	DISEASE OR CONDITION GIVEN IN PART 1 (A).	OR WHICH OPERATION	[20A. AUTOPSYTIVES OF NOT 20B. IF YES. WEI	DE EINDINGS CONSIDERED	
CERTIFICATION	WAS PERFORMED		IN CERTIFYING	RE FINDINGS CONSIDERED CAUSES OF DEATH?	
11	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	21 B. PLACE OF INJURY (e.g., in home, form, factory, street, off	or obout 21C. WHERE DID	nere City, give exect location)	
MEDICAL	DEATH (notify medical examiner)	elc.)	NOW INSURT OCCUR!		
EDI	21D-TIME (Month) (Doy) (Year (Hour)	21 E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?		
2	IAPPROXI	While At   Not While At Work			
		ed the deceased from		10	
	22. I certify that (1) (this hospital) attend		19ta	19	
	22. I certify that (I) (this hospital) attend that (I) (we) last saw the deceased alive	an	19ta 19and that in(my) (aur) a		
	22. I certify that (I) (this hospital) attend that (I) (we) last saw the deceased alive and have and from the causes stated above	an	19ta 19and that in(my) (aur) a	pinion death accurred an the date	
	22. I certify that (I) (this hospital) attend that (I) (we) last saw the deceased alive	e. (I) (We) (did) (did nat) vi	19 ta		
	22. I certify that (I) (this hospital) attend that (I) (we) last saw the deceased alive and haur and fram the causes stated abov 23A. SIGNATURE WALLEY WALLE	e. (I) (We) (did) (did nat) vi	19	pinion death accurred an the date	
	22. I certify that (I) (this hospital) attend that (I) (we) last saw the deceased alive and haur and fram the causes stated above 23A. SIGNATURE	e. (I) (We) (did) (did nat) vi	19	pinion death accurred an the date	
	22. I certify that (I) (this hospital) attend that (I) (we) last saw the deceased alive and haur and fram the causes stated abov 23A. SIGNATURE WALLEY WALLEY OF THYSICIAN'S NAME (Typel M - G. MEN.	e. (I) (We) (did) (did nat) vi	and that In(my) (aur) a lew the bady after death.  Inding Med. Staff Phys. B  3D. ADDRESS PROUNTHOS	pinion death accurred an the date	
24A	22. I certify that (I) (this hospital) attend that (I) (we) last saw the deceased alive and haur and fram the causes stated abov 23A. SIGNATURE WALLEY OF THYSICIAN'S NAME (Typel M - G. MCN.	e. (i) (We) (did) (did nat) vi	and that In(my) (aur) a lew the bady after death.  Med. Staff Phys. 23D. ADDRESS  POUNT HOS	238, DATE SIGNED  P. BAYD, M.D.  (City, town, or county) (State)	
24A	22. I certify that (I) (this hospital) attend that (I) (we) last saw the deceased alive and haur and fram the causes stated abov 23A. SIGNATURE COLORS NAME (Type) G. W. G. WILLIAMS NAME (Type) G. W. G. BURIAL CREMATION, 24E, DATE REMOVAL (Specily) Burial 3/24/72	an	and that In(my) (aur) a lew the bady after death.  Med. Staff Phys. 23D. ADDRESS  POUNT HOS	238, DATE SIGNED  P. BAYD, M.D.  (City, town, or county) (State)	
24A	22. I certify that (I) (this hospital) attend that (I) (we) last saw the deceased alive and have and from the causes stated above 23A. SIGNATURE CONTROLL OF THYSICIAN'S NAME (Typel A. BURIAL CREMATION, 24B. DATE 240 Burial 240 Burial	an	and that In(my) (aur) and the bady after death.  Iding Med. Staff Phys. B  3D. ADDRESS  MATORY 24D. LOCATION  Baltimore, M	P. BAYD, MD.  (City, town, or county) (Stotel laryland	

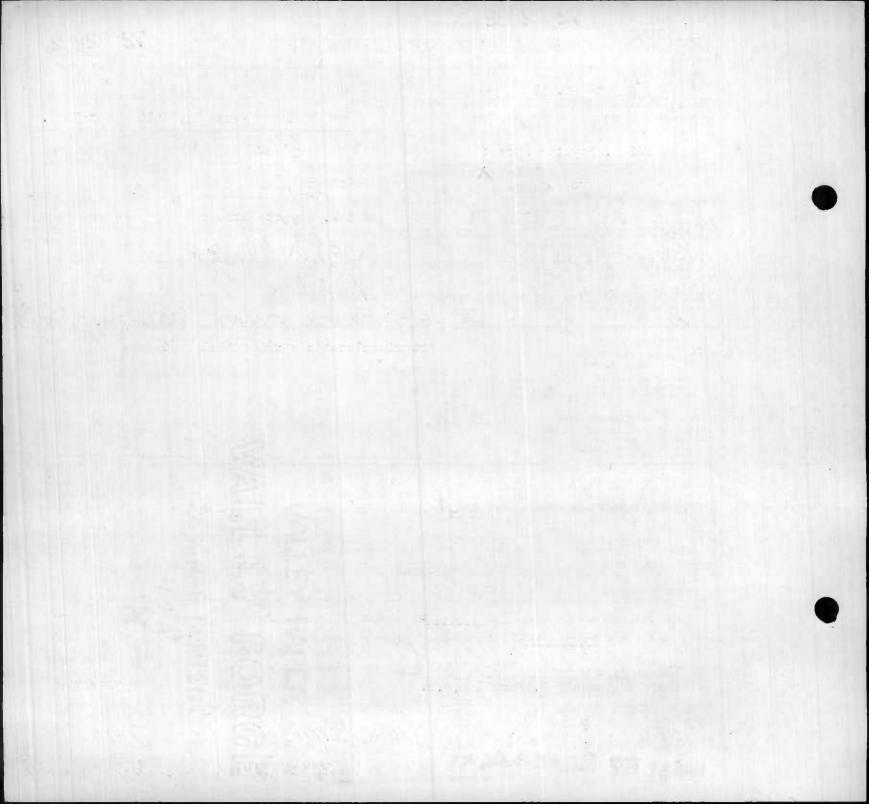
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H-536
72 02802 BALTIMORE CITY HEALTH DEPARTMENT
MEDICAL EXAMINER'S CERTIFICATE OF DEATH

	72	02802
2	A LOS	AROAC

DIDTU NO	REG. NO.				
BIRTH NO.  1. NAME OF DECEASED	2. DATE Known Month Doy Yeor Hour				
(Type or Print)	OF				
JAMES HUNTER	DEATH Estimoted				
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD  FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	3. DATE Month Doy Yeor Hour PRONOUNCED DEAD March 18, 1972 9:35 A				
HOSPITAL ADDRESS OR LOCATION) OR INSTITUTION	5. USUAL RESIDENCE (Where deceosed lived. If institution: residence before odmissi				
0 0 943 W. Fayette Street	A. STATE Maryland B. COUNTY 180				
6. SEX 7. RACE 8. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE CITY LIMITS?				
Male Negro WIDOWED DIVORCED	Baltimore YES NO 🗆				
9. DATE OF BIRTH 10. AGE (In years   If Under 1 Yr. If Under 24 Hr 10st birthdoy) 79  Months; Doys   Hours   Min	943 W. Fayette Street				
11. BIRTHPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNTRY?	13. FATHER'S MAME				
NEWPORT NEWS VOZ	COM MUNICH				
14A.USUAL OCCUPATION (Give kind of work 14B. KIND OF BUSINESS OR INDUST done during most of working life, even if retired)	TRY 15. MOTHER'S MAIDEN NAME				
16. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL	18. INFORMANT ADDRESS /				
(Yes, no grynknown) (If yes, give wor or dotes of service) SECURITY NO.	ETEMMER BrOWN 943 W. Fayet				
19. 4/ / 2 4/ CAUSE OF DE	EATH APPROXIMATE INTI				
Arter	ciosclerotic cardiovascular disease				
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH					
(A)IMMEDIAII					
heart failure, asthenia, etc. It means the disease,	heort foilure, osthenio, etc. It meons the diseose,				
injury or complication which coused death.)					
ANTECEDENT CAUSES (B)					
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE	DR AS A CONSEQUENCE OF:				
RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.					
(c)	**************************************				
E II					
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL					
DISEASE OR CONDITION GIVEN IN PART 1 (A).					
OF THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION	WAS PERFORMED 21. AUTOPSY? (Yes or				
Ö ()	no				
22A. EXTERNAL CAUSE WAS 22B. PLACE OF INJURY(e.,	g., in or obout 22C. WHERE DID (If in Boltimore City, give exoct location)				
UNDERLYING OR CONTRIB- home, form, foctory, street, of UTING CAUSE OF DEATH.	iffice bldg., etc.) INJURY OCCUR?				
22D. TIME (Month) (Doy) (Yeor) (Hour) 22E.INJURY OCCURRED	D 22F. HOW DID INJURY OCCUR?				
(ABBBOY)	OT WHILE T WORK				
23.	I WORK 🔲				
	Autapsy ond that an this basis, death in my opinion				
resulted from: Natural causes 🗵 Accident 📗 Spice	cide Homicide Undetermined manner				
	CHIEF MEDICAL EXAMINER DATE SIGN				
ACTUAL CICALATURE WILL COMPANY	ASSISTANT MEDICAL EXAMINER X				
EXAMINER'S Ronald N. Kornblum, M.D.	ASSOCIATE MEDICAL EXAMINER 3/18/72				
NAME (Type)	ASSOCIATE MEDICAL EXAMINACE LJ 3/10/72				
24A, BURIAL CREMATION, 24B, DATE , 24C, NAME & CEMETER	(Stote				
REMOVAL (Specify)	The Man Martha Mills				
Duridy 0/00/1/2 11/1, Ullivia	om certir venor Illa				
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUTTER AL DIRECTOR				
MAR 21 1972 Older & State 14	Milleans Trenchal Home 31911 School				
/S 151-REV. 1/1/68					



the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

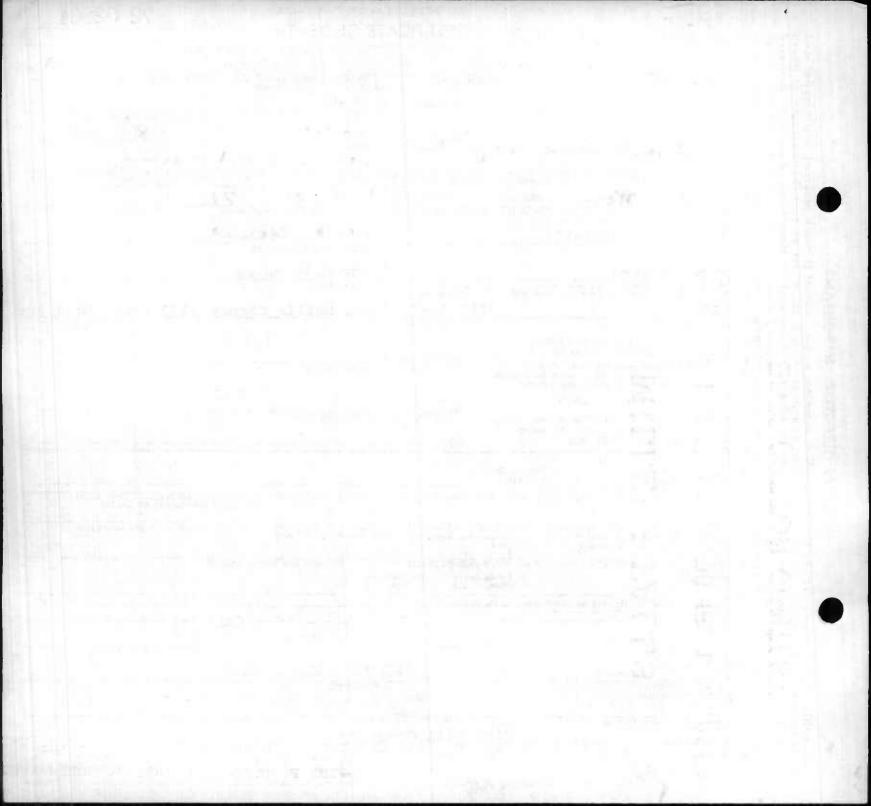
8-30	72 02	803 CERTIFICA	THEALTH DEPARTMENT REG. NO	72 02803		
INAME OF DEC	EASED	OUS CERTIFICA	2. DATE AND HOUR OF DEATH			
(Type or Print) S	cott, Avon B.		3/19/72	1:15 P. M.		
3. PLACE IN BAL	TIMORE, MARYLAND, WHERE P	RONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, it in	stitution: residence before admission)		
FULL NAME OF	(IF NOT IN HOSPITAL OR ADDRESS OR LOCATION)	NSTITUTION, GIVE STREET	Maryland ID. INSI	1703		
ноптитом	Provident Hosp		Baltimore	YES NO		
34	2600 Liberty H		E. STREET AND NUMBER			
	Baltimore, Mar	yland 21215	736 Dolphin St.			
Male	Negro wind	RRIED NEVER MARRIED DIVORCED DIVORCED	6/25//1889 9. AGE IIn years lost birthdoy 82	Il Under I Y. 1 Under 24 His. Months Doys Hours Min.		
10A, USUAL OCCI	UPATION (Give kind of work 108, KI) working life, even if refired)	D OF BUSINESS OR INDUSTRE	11. BIRTHPLACE (State or (oreign country)	12. CITIZEN OF WHAT COUNTRY?		
Laborer		Drydock	Maryland	U. S. A.		
13. FATHER'S NA		DIJUOI	14. MOTHER'S MAIDEN NAME	0. 0. A.		
John S	cott		Carrie ?	D. WS 11 1 2 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
15. Wes Deceased	Ever in U. S. Armed Forces?	16. SOCIAL	17. INFORMANT	ADDRESS		
yes	World War I	216-05-1301	Mrs. Nellie Scott-Wife	Same		
18.4/5	E OR CONDITION DIRECTLY	CAUSE OF DEAT	H	BETWEEN ONSET AND DEATH		
LEADING TO DEATH  (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury ar camplication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.  (A) IMMEDIATE CAUSE Arterioscleratic Heart Dis 2 by carry  DUE 10, OR AS A CONSEQUENCE OF:  (B)  DUE 10, OR AS A CONSEQUENCE OF:  (C)						
						OTHER SIGNIFICANT CONDITIONS CONTRIBUTING BY OTHER DEATH BUT NOT RELATED TO THE TERMINAL QUITETEDS SIEVESTIC Nephroscleros is 3 mo.
19A. DATE OF	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 [A].  194-Date OF OPERATION 198-CONDITION FOR WHICH OPERATION WAS PERFORMED  204-AUTOPSY? (Tes of No.) 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? NO.					
U 21A. ACCIDENT WAS UNDERLYING   21B. PLACE OF INJURY le.g., in or obout 21C. WHERE DID home, form, foctory, street, office bldg. INJURY OCCURY    DEATH (notify medical examine)   21B. PLACE OF INJURY le.g., in or obout 21C. WHERE DID (If in Boltimore City, give exact location)						
OF INJURY (APPROX.)	(Month) (Doy) (Year) (Hour)	While At Not While At Work	21F. HOW DID INJURT OCCUR?			
22. I certify that (1) (this hospital) attended the deceosed from Mar 17 1972 to Mar 19 19 72						
that (1) (we) last saw the deceased alive on Mar 19 19 72 and that in (my) (our) opinion death occurred an the date						
and hour and from the causes stated above. (1) (We) (dld) (dtd not) view the bady after death.						
23A. SIGNATURE  Attending Med. Stuff MAR 20, 1972  Attending Med. Stuff MAR 20, 1972						
23C. PHYSICIA NAME (T	rs R. H. TWINI	NG	23D. ADDRESS  907 EDMONUSON AVE	BALTIMORE MD		
24A. BURIAL CREA	MATION, 248. DATE 2	C. NAME of CEMETERY OF CRE		y, town, or county) (State)		
Burial		Mt. Auburn Cer	metery Baltimore	Maryland		
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS						
MAR 21 VS 150-REV. 1/1/6	1972 Refer 2.4	Bulleting At & U U	) NUTTER FUNTRAL HOME 3	3035 W. NORTH AVE		

· Fall Toll Statute Collection hard the contract of o the coast willish ward

the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and FUNERAL DIRECTOR: IMPORTANT

Such

BALT	IMORE CITY HEALTH DEPARTMENT				
C-520 pp 00004 CFR	RTIFICATE OF DEATH REG. NO. 72 02804				
BIRTH NO.					
I. NAME OF DECEASED (Type or Print) CLAUDE CHANCE	2. DATE AND HOUR OF DEATH  3/17/72  11:05 9				
0.57	M.				
3. PLACE IN BALTIMORE MARYLAND, WHERE PRONOUNCED DEA	A. STATE B. COUNTY				
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE ADDRESS OR LOGATION)	C, CITY OR TOWN D. INSIDE CITY LIMITS?				
10/1.	BALTIMO NE YES NO [				
Marchand General Haspital	E. STREET AND NUMBER 1102 David Hill Allerne				
5. SEX 6. RACE 7. MARRIED NEVER N	AARRIED 8. DATE OF BIRTH 9. AGE (In years If Under 1 1/2. If Under 24 Hrs. Months: Doys Hours Min.				
Male Megro WIDOWED DIV	ORCED 11-28-00 71				
10A, USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS Coone during most of working life, even if refired)					
labatory assistant	NORTH CAROLINA USA				
13. FATHER'S NAME	14 MOTHER'S MAIDEN NAME				
Van Chance	Cordelia Jones				
15. Wee Docessed Ever in U. S. Armed Forces!   16. SOCIAL (Yes, no or unknown) Uf yes, give war at dates of service)   SECURIT	17. INFORMANT ADDRESS				
No    217-0	1-2092Mrs. Sallie Chance 1102 Druid Hill Ave.				
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (This does not mean the mode of dying, e.g., heart failure, osthenic, etc. it means the disease, injury or complication which caused death,)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if eny, giving rise to the above cause (A) stating the UNDERLYING CONDITION lost,  (B)  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 [A].  OTHER DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 [A].  OTHER DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 [A].  OTHER DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 [A].  OTHER DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 [A].  OTHER SIGNIFICANT CONDITION FOR WHICH OPERATION 2004. AUTOPST? (Yes or No.) 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFFING CAUSES OF DEATH?  OTHER SIGNIFICANT CONDITION GIVEN IN PART 1 [A].  OTHER SIGNIFICANT CONDITION GI					
21D.TIME (Month) (Doy) (Year) (Hous 21E INJURY OC While At	Not White				
(APPROXI	At Work				
22. I certify that (I) (this hospital) attended the decease	d from 3-12 19 72 to 3 ~ (7 19 72				
that (1) (we) lost sow the deceased alive an 3/17	7/72 19 72 and that in(my) (our) opinion death occurred on the date				
/					
ond hour and from the couses stoted above. (1) (We) (did) (did not) view the body after death.  23A, SIGNATURE					
a Cl. M	N   - /- /				
Layour Q. Igna, .	DEGREE Phys. Director Phys.				
PACE (Type) B XYAN B. ELMA	M.D. 5355 Carriage Court Baltinge Md.				
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEM	DEGREE AETERY OF CREMATORY 24DY LOCATION (City, town, or county) (State)				
Burial 3-21-1972 Zion Hil					
3-21-1972 Hubbard 25A. DATE REC'D BY HEALTH DEPT.   25B. NAME OF REGISTRA	Hill Cemetery   Nelson Co. Roseland R.F.D. Va.				
MAR 21 177 PLES 3 8.	NUTTER FUNERAL HOME 3035 W. NORTH AVE.				
V\$ 150-REV, 1/1/68					



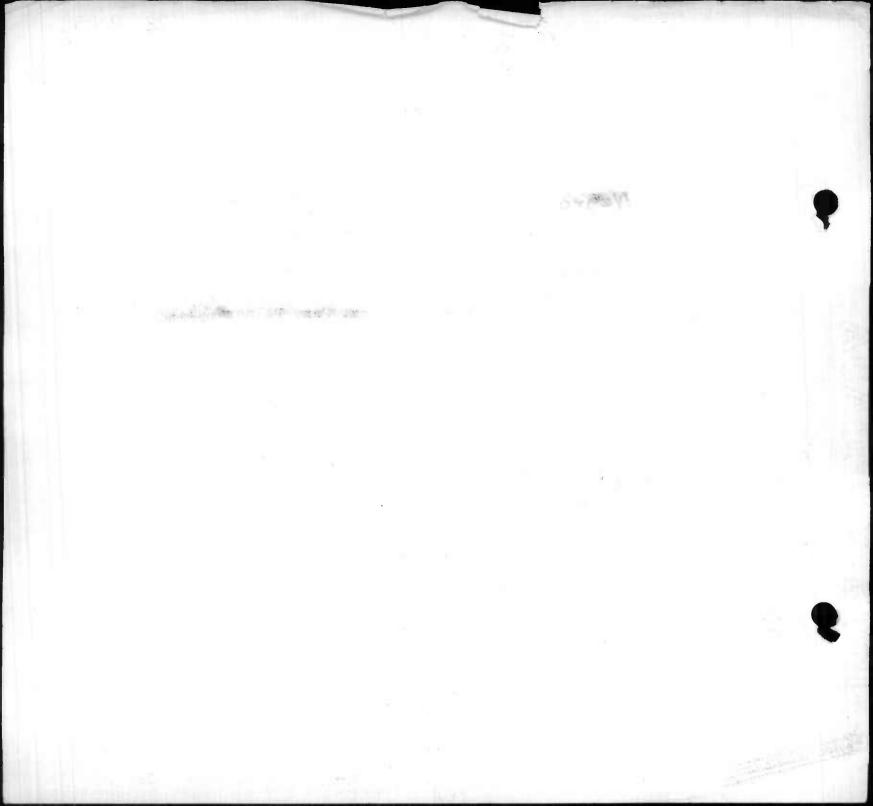
of death Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. a hospital shows; (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) cause This certificate must be approved by the chief medical examiner or his assistant if death occurred in if the direct or contributing FUNERAL DIRECTOR: IMPORTANT the body was released to the hospital by a medical examiner. Also,

11	0	BALTIMORE CITY	HEALTH DEPARTMENT	HO.	0000	
	BALTIMORE CITY HEALTH DEPARTMENT  72 02805 CERTIFICATE OF DEATH  REG. NO. 72 02805					
	NAME OF DECEASED  Type or Print) ACNES Mobinson  2. Date and Hour of Death  725					
3.	PLACE IN BALTIMORE MARYLAND, W		4. USUAL RESIDENCE (Where deceased li	ved. If institution:	mesidence before admission)	
E1	JLL NAME OF (IF NOT IN HOSPIT	ALL OR INSTITUTE OF THE PROPERTY OF THE PROPER	MARY LAND		1713	
II H	OSPITAL OR ADDRESS OR LOCA	AL OR INSTITUTION, GIVE STREET ATION)	C. CITY OR TOWN	D. INSIDE CITY I	IMITS?	
	BOLTON HILL NO	ersing Home	BALTIMORE	_		
1 2	PARTON HIRO TO		E. STREET AND NUMBER			
	806 W. LANVALE ST.					
5.	SEX 6. RACE	7. MARRIED NEVER MARRIED	B. DATE OF BIRTH  9. AGE (In ye lost birthday)	ors If Und	or 1 Yr. II Under 24 Hrs. Doys Hours Min.	
	CMARE 112900	WIDOWED DIVORCED	1-9-12 79	YRS.		
do	N. USUAL OCCUPATION (Give kind of work ne during most of working life, even if retired)		11. BIRTHPLACE (State or foreign country)	12. CIT	ZEN OF WHAT COUNTRY?	
	cook	Pvt. Family	Maryland		USA	
113.	FATHER'S NAME		14. MOTHER'S MAIDEN NAME			
	Thomas Wootten		Mary Broshies			
15. (Ye	Was Deceased Ever in U. S. Armed Fores, no or unknown) (If yes, give war or date	ces? 16. SOCIAL s ol service) SECURITY NO.	17. INFORMANT	l9 Hazel	ADDRESS	
	No	212-16-2317	Mrs. Mary Palmer Pl	nazer niladeln	hia Da	
	18. 4/7. 41	CAUSE OF DEATH	1	radacip	APPROXIMATE INTERVAL	
	DISEASE OR CONDITION DIR	RECTLY	C6 / ()		BETWEEN ONSET AND DEATH	
	LEADING TO DEATH (This does not meen the mode at	(A)IMMEDIATE CAU			sudde.	
	heori loilure, ashenio, etc. il meons the disease, injury ar complication which caused death.)					
ll	ANTECEDENT CAUSES				7	
	DISEASES OR CONDITIONS, if	(8)	A CONSEQUENCE OF:		***************************************	
	rise to the obave couse (A)	sloling the	A GOUSEGOEINGE OF:			
	UNDERLYING CONDITION last.	(C)			***********	
Z	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).					
ATIC						
FI C	19A. DATE OF OPERATION 19B. CONI	DITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or Not 208. IF YES,	WERE FINDINGS	CONSIDERED	
ERTIFIC			IN CERTIFYI	NG CAUSES OF	DEATH?	
U	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	21 B. PLACE OF INJURY (e.g., in home, form, loctory, street, alf	or obout 21C, WHERE DID (II In	Boltimare City, giv	e exocl locotion)	
CAL	DEATH (notify medical examiner)	elc.)				
MEDI	OF INJURY (Month) (Doy) (Year)	(Hour) 21 E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?			
<	(APPROX)	While At Not While Work At Wark				
	22. I certify that (I) (this hospital) ottended the deceased fram 1972 to 3/3 19/2 that (i) (we) lost sow the deceased alive an 2/3 19 72 and that in (my) (our) opinion death accurred an the date and haur and from the causes stated above. (I) (We) (did) (did nat) view the body after death.  23A. SIGNATURE  Attending Med. Staff Director Phys. Director Phys. 3/13/7					
	23C. PHYSICIAN'S NAME (Type)		3D. ADDRESS	1/1-07		
244	24A. BURIAL CREMATION, 24B. DATE   24C. NAME of CEMETERY OF CREMATORY   24D. LOCATION   City, town, or county					
	REMOVAL (Specify)	240. ITAME OF CEMETERT OF CREA	MATORY 24D. LOCATION	(City, town, o	r countyl (State)	

Burial 3-18-72 Mt. Auburn Cemetery Baltimore Maryland

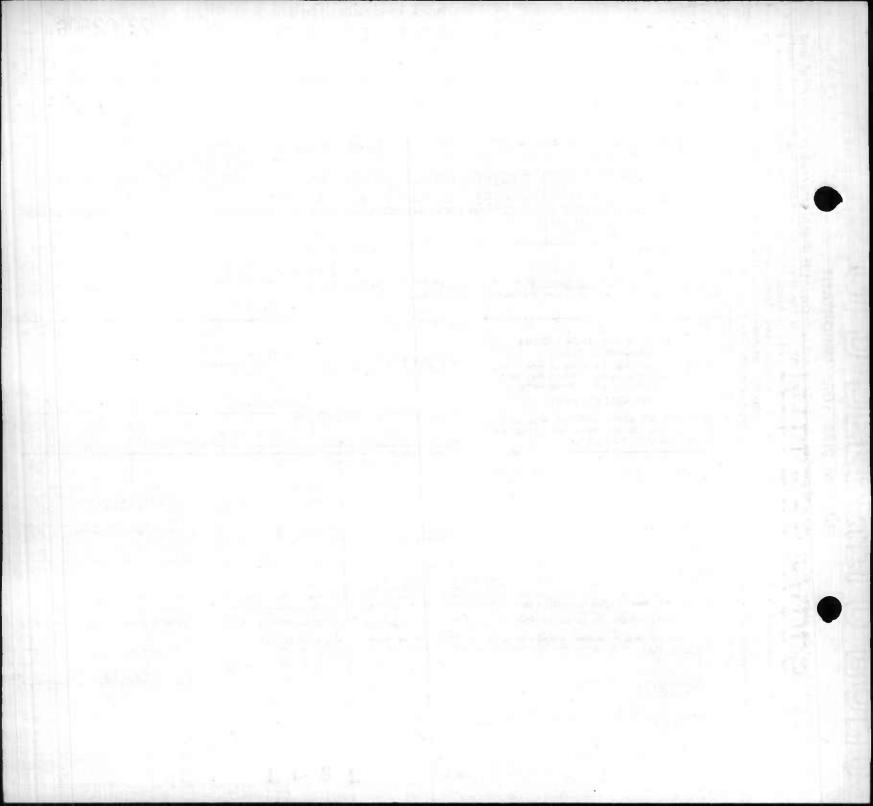
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR NUTTER FUNERAL HOME 3035 W. NORTH

VS 150-REV. 1/1/68



the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. certificate must be approved by the chief medical examiner or his assistant if death accurred in a hospital and

	1.10=	BALTIMORE CITY	HEALTH DEPARTMENT		-
of of	72 0280	7.7.8	TE OF DEATH	REG. NO.	2 02806
1,	NAME OF DECEASED	(- ')	2, DATE AND	HOUR OF DEATH	1 -
(1)	pe or Print) CASSIE J. TILG	HMAN (POYS)	MAR	CH 18, 1972	1 545
3.	PLACE IN BALTIMORE, MARTLAND, WHERE PR	ONOUNCED DEAD	4. USUAL RESIDENCE (Where A. STATE B. COUNT	deceased lived. If institution	residence before admission
H	JLL NAME OF (IF NOT IN HOSPITAL OR II OSPITAL OR ADDRESS OR LOCATION)	ASTITUTION, GIVE STREET	C. CITY OR TOWN	D. INSIDE CIT	LIMITS?
	MARYLAND GENERAL	HOSPITAL	BALTIMORE	YES [	X NO□
	48		1309 MAI	DISON AVE	LEUT THE
	-1115 NIST ON	MED NEVER MARRIED DIVORCED	8. DATE OF BIRTH 9. 10 10 10	AGE (In years II Ur Month	der 1 Yr. If Under 24 Hrs. Doys Hours Min.
	LUSUAL OCCUPATION (Give kind of work 10B, KIN the during most of working kife, even if refired)  Housewife	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign		ITIZEN OF WHAT COUNTRY?
13.	FATHER'S NAME		14. MOTHER'S MAIDEN NAM	E	
	JAMES POYS		Rebecca F	Pavis	
15. (Ye	Was Deceased Ever in U. S. Armed Forces? s,no or unknown) (II yes, give war or dotes of serv	ice)   16. SOCIAL	17. INFORMANT		ADDRESS
		Jedokiii ito,	ADMISSION .	RETORD.	
	18.4/2.21	CAUSE OF DEATH	1		APPROXIMATE INTERVAL
	DISEASE OR CONDITION DIRECTLY				
	(This does not mean the mode of dying,	(A) IMMEDIATE CAUS		4	4 DAYS.
	heart failure, asthenia, etc. it means the disc injury or camplication which caused death.)	ose,	A CONSEQUENCE OF:		
	ANTECEDENT CAUSES			ONI EMBOLICE	13 DAVS
	ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, giving  (B) STROKE (CEREBRAL EMBOLUS)  DUE 10, OR AS A CONSEQUENCE OF:				
	ise to the above cause (A) slating the				
	UNDERLYING CONDITION last.	(c) 47 PER	JENSIVE CHED	MOVASCUCAR D	£
NO	OTHER SIGNIFICANT CONDITIONS CONTRIBUTI	NG			
ATIC	TO THE DEATH BUT NOT RELATED TO THE TERMIT DISEASE OR CONDITION GIVEN IN PART 1 (A).	AAL	***************************************		*****
ERTIFIC.	19A-DATE OF OPERATION 19B CONDITION F	20A. AUTOPSYZ (Yes or No)	20B. IF YES, WERE FINDING IN CERTIFYING CAUSES O	S CONSIDERED F DEATH?	
SAL CE	21A. A CCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF OEATH (notify medical examinet)	21& PLACE OF INJURY (e.g., ir home, form, foctory, street, off etc.)	n or obout 21 C. WHERE DID	(II in Boltimore City, s	live exoct location)
EDIC	21D-TIME (Month) (Day) (Year) (Hour) OF INJURY	21E INJURY OCCURRED	21f. HOW DID INJUI	RY OCCUR?	
ξ	(APPROX)	While At Not While At Work			
	22. I certify that (I) (this hospital) attend			77- 1- MAPC	N 18 10 27-
	of (II) (this hospital) attended the deceased from MARCH 5 19 72 to MARCH 18 19 22 at (II) (We) lost saw the deceased alive on MARCH 18 19 72 and that in (Max) (our) opinion death occurred on the date				
	d hour and from the causes stated above (1) (We) (did) (did not) view the body after death.				
	23A. SIGNATURE	4.0		23 B, D	ATE SIGNED
	Kichard H. Dale	M, E, After Phys	nding Mod. St	off S	118/72
	23C. PHYSICIAN'S NAME (Type) RICHARD H. BAI	CER M.D.	MARYLAND	GENERAL A	Aosp.
24/	BURIAL CREMATION, 1248, DATE 124	DEGREE C. NAME OF CEMETERY OF CRE	MATORY 124D. LOC	CATION (City, town,	or county) (State)
	REMOVAL (Specify)  Bursel 3-23-72	Arbitic Men	4 4	Ho Mid.	
25/		ME OF REGISTRAR	25C. FUNERAL PIRECTOR	0:1	ADDRESS
	MAR 21 1972 BARE	Alley RAD O O	2/8/100/	( March	928 ENOUTE
VS	150-REV. 1/1/68 -			/ /	



0	650	)	72 02			TIMORE CITY HE					MO	0000	
BIRTH			WED	ICAL	- EXA	MINER'S	LEKTIFI	CATE OF	DEAT	H REG. 1	NO. 12	0280	7
1. NA/ (Type of	ME OF DEC	EASED	MABEL	GRE	ENE		2. DATE OF DEATH	Known K	Month March	16 <b>,</b>	1972	Hour 12:45	Aem
4. PLA	AME OF		ARYLAND, V				3. DATE PRONO	UNCED DEAD	Month March	16,	1972	1,2:4	5 A <sub>M</sub>
	NOITUTIT		ore Cit				5. USUAL R A. STATE	Maryland		ed. If institu B. COUN			-
6. SEX	nale	7. RACE Whi	te	8. MARE		VER MARRIED	C. CITY OR			D. INSID	E CITY LIMITS	? No []	
9. DAT	E OF BIRTH	1	10. AGE (I	nyeors		Yr. If Under 24 Hrs.	E. STREET	AND NUMBER		Jan	162	NO L	
11. BIR		tote or fore	ign country)		12. CITIZE WHAT	N OF COUNTRY?	13. FATHER	1235 Dem 'S NAME Kelley	larcay I	vay			
14A.US	UAL OCCUI	PATION (Gi orking life, e	ve kind of work ven if retired)	14B. KINE	OF BUSIN	IESS OR INDUSTR	Y 15. MOTHE	R'S MAIDEN NA	ME				
16 WA	S DECEASE or unknown)	D EVER IN	U.S. ARMEI	of service	S? 17. 5	OCIAL SECURITY NO.	IB. INFOR	George WANT Betty Hei	fright		ADDRESS		
	DISEASI I (This does no heart failure,	LEADING T of mean the osthenio, et	DITION DIRE O DEATH o mode of dy c, it means the	ing, e.g.,		(A)IMMEDIATE DUE TO, OR	Арра Арра	rent seps	N.	ry)		APPROXIMATE IN TWEEN ONSET A	
ATION	DISEASES C RISE TO THE UNDERLYIN	ABOVE CA IG CONDI	IONS, IF AN'	ONTRIBU	TING	(B) DUE TO, OR	AS A CONSE	QUENCE OF:					
CERTIF	DISEASE OR	CONDITION	GIVEN IN P	ART 1 (A)		CH OPERATION W	AS PERFORA	AED		alexantres, est elle elle elle elle elle elle elle	21. AUI	ropsy? (Yes o	or No)
	NDERLYING		TRIB-		22B. PLACI	OF INJURY (e.g., foctory, street, offi	, in or obout : ce bldg., etc.)	22C. WHERE DID NJURY OCCUR?	(If in Boltimo	re City, give	e exoct location		
≥ 220 OF	ING CATOME ( INJURY PPROX.)		ATH. (Doy) (Yea	r) (Hou	m. WHILE		T WHILE	22F. HOW DID II	NJURY OCC	UR?			
23.			held an I			pectian A		and that an					
	ACTUAL SIGNATU EXAMINI NAME (T	JRE C		P. of	pringa	te, M.D.	D. ASS	OMICIDE LA CHIEF MEDICAL ISTANT MEDICAL DICATE MEDICAL	EXAMINER EXAMINER		March 16	DATE SIGN	
REMO	URIAL CREA VAL (Specifi ematio	y)	3-18-	72		me of CEMETERY			Baltimo		ryland	ty) (Sto	ite)
M	AR 21 REV. 1/1/68	1972	Palent	25B. N	NAME OF F		25C.	FUNERAL DIRECT	TOR		ADDRESS	K AVENU	JE

5-1-1972 - Completion of cause of death on a pending medical examiner death certificate Charles S. Springate, M.D.

HRS

### S-536 72 28 BALTIMORE CITY HEALTH DEPARTMENT

72	02808
. ~	0.000

0	WEL	DICALE	XAMINER'S (	CERTIFI	CATE OF	DEAT	H		LOCE	,
BIRTH NO.							REG. NO			
1. NAME OF DECEASED				2. DATE	Knawn 🖾	Month	Doy	Yeor	Hour	
(Type or Print)	ohn F. S	chneide	r	DEATH	Estimoted	3	17	72	8:20	A
4. PLACE IN BALTIMORE,				3. DATE		Month	Doy	Yeor	Hour	M.
FULL NAME OF (IF HOSPITAL AD OR INSTITUTION	NOT IN HOSPITA	AL OR INSTITUT	ION, GIVE STREET		UNCED DEAD	3	17	72	8:20	А.м.
OK INSTITUTION	Union M	emorial	Hospital	A. STATE	Maryland	e deceased li	B. COUNTY	: residence l	belore odmis	sion)
6. SEX 7. RACI	E	8. MAPPIED	NEVER MARRIED	C. CITY OR			D. INSIDE CI	TY LIMITS?		
Male W	hite	WIDOWED		Rodges	s Forge	A.emin			[57]	
9. DATE OF BIRTH	IIO. AGE (II	n years I If U	nder 1 Yr. If Under 24 Hrs.		AND NUMBER		YE	s 🗀	NO 🖾	
July 1. 1914	last birthdo	y) Man	ths, Days, Hours, Min.	63 1	Dunkirk Ro	1				
11. BIRTHPLACE (Stote or fo	57	42	CITIZEN OF	13. FATHER		le .				
34	reigh country)	12.	WHAT COUNTRY?							
Maryland					n L Schnei					
dane during most of warking life	(Give kind of work	14B. KIND OF	BUSINESS OR INDUSTRY	15. MOTHE	R'S MAIDEN NA	ME				
Loan Officer	,	Bankin	g	Anna	a.					
6. WAS DECEASED EVER	IN U.S. ARMED	FORCES?	17. SOCIAL	18. INFOR	TAAM		IA.	DRESS		
(Yes, no ar unknawn) (If yes, g	ve wor ar dates	of service)	215 03 6577	Mrs. I	Essie B. S	Schneid	ler s	ame		
19. //			CAUSE OF DEA	тн					PROXIMATE IN	
DISEASE OR CO	NOTION DISC	CTIV						BETW	ZEN ONSET AL	HTA30 UP
	TO DEATH	CILT		R1	iptured ac	rtic a	neurvsm			
(This does not mean	the mode of dy	Ing, e.g.	(A)IMMEDIATE O	AS A CONSEC	1					
heort loilure, osthenia Injury or complication	, etc. It meons the	disease,	50210,000	NO A CONTRA	oriver or .					
	NT CAUSES		(B)							
DISEASES OR CONI	CAUSE (A) STA	, GIVING	(B) DUE TO, OR	AS A CONSE	QUENCE OF:					
I INDERIVING CON	DITION LAST.		(c)							
<u> </u>			(C)							•
OTHER SIGNIFICANT	II CONDITIONS C	ONTRIBUTING	FILE							
() TO THE DEATH BUT I	NOT RELATED TO	THE TERMINAL								
			WHICH OPERATION W	AS PEREOPA	IFD			21 AUTO	PSY? (Yes o	r No.
8 /			THE TEXALIOR W	- ILKIOKN				21. 4010	Yes	. , , , ,
- 100		10							162	
UNDERLYING OR C	ONTRIB-	22B.	PLACE OF INJURY (e.g., e, lorm, foctary, street, affice	In ar abaut 2 e bldg., etc.)	2C. WHERE DID	(If In Boltima	re City, give exo	ct location)		
UTING ☐ CAUSE OF 1 ≥ 22D. TIME (Manth)		· (11 ) 10	25 1111147 20 5011555		25 110111515	11101 0.55	tno.			
OF INJURY	(Day) (Yeor		2E.INJURY OCCURRED	1	2F. HOW DID IN	JURY OCCI	JK?			
(APPROX.)		m. \	WHILE AT NOT AT W	ORK			5 4-70-			
23.							1718			
I certify that	I held on 1	nquiry L	Inspection Au	topsy	and that on t	his basis,	death in my	opinlan		
resulted from	: Natural cau	sos X A	coldent Suicid	le He	micide	Undetermi	ned monner			
1/	1110		1) 1	Deputy (	CHIEF MEDICAL E	EXAMINER	X			
ACTUAL	12011	1		ACCI	STANT MEDICAL E				DATE SIGN	IED
SIGNATURE EXAMINER'S	16	+	M.D	•	CIATE MEDICAL E			3	3-17-72	2
NAME (Type)	Werner	U. Sph	tz, M.D.	ASSC	CIAIE MEDICAL E	AMINEK				
24A. BURIAL CREMATION,			IC. NAME of CEMETERY	or CREMATO	PRY 24D.	LOCATION	(City, Iown	ar county)	(Stat	e)
REMOVAL (Specify)	3/20/72		Woodlawn Ceme			iberty		dlawn	Md	-/
Burial				_					rid	
25A. DATE REC'D BY HEAL	. 0 -		OF REGISTRAR		UNERAL DIRECTO			DRESS		
MAR 21 1972	Contract of the state of the st	A. Jaba	ZADOO	Mit	chell Wie	defeld	Home 65	00 You	ck Rd.	
VS 151-REV. 1/1/68					<u> </u>					

, bu selsen, FB STA DE TOTAL TEN, COLLEGE L. COMMETTER CALL while sea of Ell a from the 12 100

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.	
This certificate must be approved by the chief medical examiner or his assistant if death occurred the body was released to the hospital by a medical examiner. Also, if the direct or contributing shows: (1) An accident of any nature;: (2) Body burns; (3) A fracture of any kind; (4) Undetermined owas D.O.A. at a hospital (except where the physician who pronounced death was in regular deceased prior to death); and (6) No physician was in regular attendance on the deceased privatiten approval must be obtained before the remains are embalmed or final disposition is made.	

C-600 BIRTH NO.	72 028		Y HEALTH DEPARTMENT	REG. NO	72 02809
(Type or Print)	ISS ADA	J. Cu		CH 16. 1	972 110.450
3. PLACE IN BALTIMORE				nere deceased lived. If it	nstitution: residence before admission)
FULL NAME OF (IF I HOSPITAL OR ADI	NOT IN HOSPITAL OR IN DRESS OR LOCATION)	ISTITUTION, GIVE STREET	MARYLAND C. CITY OR TOWN	D. INS	IDE CITY LIMITS?
733	RYLANDER T. PAUL S	TREET	BALTIMORE  E. STREET AND NUMBER  The Marylande		YES NO NO
5. SEX   6. RACE		RIED NEVER MARRIED	8. DATE OF BIRTH	9. AGE Un years	
FEMALE W	HITE WIDON		Sept. 6.1882	last birthday)	Il Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
10A. USUAL OCCUPATION done during mast af working life at h	, even if retired}	OF BUSINESS OR INDUSTRY	Gloucester Co	reign country!	12 CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	3.1.0		14. MOTHER'S MAIDEN NA		USA
W:111	iam Henry Cur	νν	Octavia	Stubbe	
15. Was Deceased Ever in L (Yes, no or unknown) (If yes, s	S Armed Forces?	II de comitat	17. INFORMANT		6 Castlewed Road
, , ,	a voice of servi	220-44-8479	MR. DAVID	**	D. 31 03030
18. 4 3 3	1	CAUSE OF DEAT		DE TIBLE	APPROXIMATE INTERVAL
	NOTION DIRECTLY	Prot	all nelan	en Calola	BETWEEN ONSET AND DEATH
(This does not mean	TO DEATH The mode of dying,	(A) IMMEDIATE CAL	JSE TO THE TOTAL PROPERTY OF THE PROPERTY OF T		13 minules
heart failure, asthenia, injury at camplication	elc. Il means the dise	dse,	A CONSEQUENCE OF:		
	ENT CAUSES	(Sean	lad H	./.	11 12
DISEASES OR CON	DITIONS, if any, air	ing (B) DUE TO, OR AS	A CONSEQUENCE OF:	odlerson E	nes 10 grs.
ise In the above	cause (A) stating	the D con	ale of them	Pores 542	42000
CHOCKETHO CONDI	III	(c)	eva work	27500 510	To copy
OTHER SIGNIFICANT CO TO THE DEATH BUT NO DISEASE OR CONDITION	NOTIONS CONTRIBUTING RELATED TO THE TERMING GIVEN IN PART 1 (A)	NG AL			
194. DATE OF OPERATION	WAS PERFORMED	OR WHICH OPERATION	20 A. AUTOPSY? (Yes at N	IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
OR CONTRIBUTING	NDERLYING AUSE OF xominer)	218. PLACE OF fNJURY (e.g., i home, form, fociory, street, of elc.)	n or about 21 C. WHERE DID lice bldg., INJURY OCCUR?	(If in Boltimore	e City, give exact locotian)
OF INJURY (Manth)	(Day) (Yearl (Hour)	21 E INJURY OCCURRED	21F. HOW DID IN.	JURY OCCUR?	
(APPROX.)		While Al  Not While Work Al Work			
22. I certify that (1) (	this hospital) attende	d the deceased from M	arch 19	19 22 to 11A	ench 14 1977
that (1) (1997) last saw	the deceased alive o	in March			nion death occurred on the date
and hour and from the	causes stated above	. (1) (WE) (did) (did not) v	iew the bady ofter death.		
23A. SIGNATURE	n 01	10.	/		238, DATE SIGNED
Celu	13 Con	DEGREE Phys		Staff Phys.	March 17,1972
23C.PHYSICIAN'S NAME (Type)	/ 17	C/ MAI	3D. ADDRESS	- 1 1	
24A. BURIAL CREMATION, REMOVA!. (Specify)	24B, DATE 240	NAME of CEMETERY OF CRE	350/ S/ MATORY  240. L	Paul OCATION ICII	y, lawn, or caunty) (State)
Burial	3.18/72	DRUID RIDGE C	PMPTPDV		
MAR 21 1972		E OF REGISTRAR	25C. FUNERAL DIRECTOR	Pikesville, VIEDEFELD	Address Home 6500 York
/\$ 150-REV. 1/1/68			I THE T OUT THE		RD.

- 100 E-1

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in an area of

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The property of the second

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

	1/			BALTIMORE CITY	HEALTH DEPARTMENT			N A 44
	H-502 TH NO.	72 02	810	CERTIFICA	TE OF DEATH	REG. NO	72 028	310
	AME OF DECEA	SED				AND HOUR OF DEAT		2.0
	E	lizabeth	7	HANN	M	arch 15,1	9721	8.30 PM
FU	LL NAME OF	(IF NOT IN HOSPIT	AL OR INSTITUTE	UNION, GIVE STREET	A. STATE B. CO	here deceased lived 19 UNITY Saltimore	2 1	714
IN	SPITAL OR	ADDRESS OR LOC	ATION		C. CITY OR TOWN	D. IN	SIDE CITY LIMITS?	
L	- 8				Catonsvill		YES N	0
		and Gen	eral 1	tospital	E. STREET AND NUMBER	ver Cro:	ss Home	
	remale	White	WIDOWED		8. DATE OF BIRTH	9. AGE (In years lost birthdoy)		Under 24 Hrs.
AOI	USUAL OCCUP	ATION (Give kind of working life, even if retired)	108 KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fe	reign country)	12. CITIZEN OF W	HAT COUNTRY?
Ac	countant	Retired	Drug 1	Legal	M 4.		U.S.	A
	FATHER'S NAME	Francis			Gary	unknown		
15. (Yo:		ret in U. S. Armed For yes, give wor or dote	ces? es al service)	SECURITY NO.	Mrs Albert Fo	resti 4006 F	Roland Ave	
	no			216-07-7392		4401		
		OR CONDITION DIS	RECTLY	CAUSE OF DEATH				MATE INTERVAL NSET AND DEATH
		mean the mode of	dving. e.g.	(A) IMMEDIATE CAU		-		***************
	heart failure, as	thenia, etc. It means	the disease.	DUE TO, OR AS	CONSEQUENCE OF:	010		
		cation which caused		~ (C	02 DICARTO	es Park	11.0	
		TECEDENT CAUSES		(8)		area		
	DISEASES OR	CONDITIONS, If above cause (A)	any, giving	DUE TO, OR AS	A CONSEQUENCE OF:			
		CONDITION last	Stuting the	(c)	COPY			
		- 11			/5			
ON	OTHER SIGNIFIC	ANT CONDITIONS CO	NTRIBUTING	As	3011			
AT	DISEASE OR CON	BUT NOT RELATED TO TI IDITION GIVEN IN PAR	T 1 (A).	17-				
CERTIFICATION	19A-DATE OF O	PERATION 19E CON WAS PERI	DITION FOR V	VHICH OPERATION	20A. AUTOPSYS (Yes or	No. 208, IF YES, WERE IN CERTIFYING C.	FINDINGS CONSIDE AUSES OF DEATH?	RED
CAL CE	21 A. A CCIDENT OR CONTRIBUTION DEATH featily ma	WAS UNDERLYING DATE OF edical examined	218. hom etc.)	e, form, factory, street, of	or about 21 C. WHERE DID	(If In Bollima	ore City, give exact loca	tian)
144	210. TIME (A	Aonth) (Day) (Yeor)	(House 215,	INJURY OCCURRED	21F. HOW DID II	NJURY OCCUR?		
×	(APPROXI		Whi	le At Not While				
	22 1 416 41	January Inches			12/15		2/15	
				e deceased from	21-1-2	19 /2 10	7112	19
		st saw the decease				that in (my) (aur) ap	Inlan death accurre	d on the date
		rom the causes stat	ed abave (1	(Wet (did) (did nat) vi	ew the body after death	•		
	23A. SIGNATURE	01				. 5 7	238. DATE SIGNED	
	xel	e (Sai	nen	& M DEGREE Phys.	Med. Director	Shaff Phys.	13/16/	7
	NAME HYPE	~	-00	[2	3D. ADDRESS	16 1		
		U-BORDI	= (.)	AMAUSIA	IV	100		
24A	REMOVAL (Spe	TION, 248, DATE	24C.NA	ME of CEMETERY OF CRE	MATORY 24D.	LOCATION (C	ity, town, or county)	(State)
	Burial	3/18/7	2 Har	mpstead Cemete	ry	H	<b>Hampstead</b>	Md
25A	. DATE REC'D BY		258. NAME O		25C. FUNERAL DIRECTO		ADDRE	
M	AR 21 197	7 36.66	Ber Ben	co2 0 0 0		de fold /tene		KRd
VS	150-REV. 1/1/68		<del></del>		1.4	1/9/96	10.	

4/8/70 - Adm. 4401 Roland AVE.

lance galle

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and	he body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death hows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the	deceased prior to death); and (0) No physician was in regular attendance on the deceased prior to death. Such Written approval must be obtained before the remains are embalmed or final disposition is made.	
This certificate must be	the body was released t shows: (1) An accident of	was D.O.A. at a hospita	deceased prior to death written approval must b	N

7 2 4	CEASED			2, DATE	AND HOUR OF DEATH	
(Type or Print)	CRAWFOR				3/15/72	2:45 a.m.
3. PLACE IN BA	LTIMORE, MARYLAND, 1	WHERE PRON	OUNCED DEAD	4. USUAL RESIDENCE (VA. STATE 8. CO	here deceased lived. If inst	itution: residence before edmission
FULL NAME OF	(IF NOT IN HOSPI	TAL OR INST	TITUTION, GIVE STREET	MARYLAND		1505
NOTTUTION				C. CITY OR TOWN		E CITY LIMITS?
	LAND GENERAL	HOSPIT	AL	BALTIMORE  E. STREET AND NUMBER		YES NO
LOLLINE	EN AVENUE			3046 TOYOG		1 3
SEX	6. RACE	7- MARRIE	D NEVER MARRIED	8. DATE SUBIRTH	O ACE (I	If Under 1 Yr. If Under 24 Hrs. Months; Days Hours; Min.
Male	Black	WIDOWE		DEC 6, 1891 (	80	Manths Days Hours Min.
OA, USUAL OCC	UPATION (Give kind of working life, even if relired)	108 KIND	OF BUSINESS OR INDUSTRY	11. L.RTHFLACE (State of	areign country)	12. CITIZEN OF WHAT COUNTRY
UNKN		UN	IKNOWN	SOUTH CAR	OLINA	U.S.A.
3. FATHER'S NA		0001	705 10 2266	14. MOTHER'S MAIDEN N		
			RD 705-10-2369	UNKNOWN	HATTIE CRAWFO	ORD
5. Was Docease les, no or unknow	Ever in U. S. Armed Fo	rces? es of service	SECURITY NO.	17. INFORMANT		ADDRESS
MAXXXXX	Yes, ##900	1918	MONRINE	ADMISSION	RECORD*BOLTON	HILL NSG. HOME
18. 4	741		CAUSE OF DEAT	H		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEA	SE OR CONDITION DI	RECTLY		Pneumoni		
This does	ngl mean the made of	dying, e.g	(A)IMMEDIATE CAL	A CONSEQUENCE OF:		One Day
injuty at car	asthenio, etc. 11 means	the diseas deoth.)	е,	A GONSEQUENCE OF		
	ANTECEDENT CAUSES		Chron	ic Brain Sy	ndrome	Years
DISEASES	OR CONDITIONS, if	any, givin	DUE TO, OR AS	A CONSEQUENCE OF:		
UNDERLYIN	e abave cause (A) G CONDITION last.	sloting th	c) ASCVI	, Advanced		Years
	- 11					
OTHER SIGNI	FICANT CONDITIONS CO	NTRIBUTING	3			
C (DISEASE OR C	ONDITION GIVEN IN PAR OPERATION 198 CON	IT 1 (A).		120 A AUTOBOVO (V	N-V 205 18 250	
0	WAS PER	FORMED	WHICH OPERATION	20A. AUTOPSY? (Yes or	No. 20B. IF YES, WERE FIN	ES OF DEATH?
On collected	NT WAS UNDERLYING	21	R. PLACE OF INJURY (e.g., in	or obout 21C. WHERE DID	(If In Boltimare (	City, give exact location)
DEATH Inolify	medical examined NO	et	ame, form, foctory, street, of c.)	fice bldg., INJURY OCCUR?		.,
DEATH Inolify	(Manth) (Day) (Year)		E INJURY OCCURRED	21F. HOW DID I	NJURY OCCUR?	
(APPROX.)		W	/hile At   Not While			
22. I certify	that (1) (this baselts		the deceased from		_19 _71_to3/1	19_72_
	last saw the decease			70		an death accurred on the date
			(1) (450) (46d) (did nat) v			an death accorded on the gold
23A. SIGNATU	RE					BR. DATE SIGNED
Peter	H Phemst	em.	MAT After Phys	Med. Director	Staff Phys.	16 March 1972
23C. HYSICIA NAME (1	ype)		DEGREE!			ing Home
Pete	r H. Rhein	stein	M.B.		more, Maryla	
REMOVAL	MATION, 248 DATE	24C.1	NAME OF CEMETERY OF CRE			town, or county) (State)
Buria		2   1	Naryland Nation	al Carver	laurel Marula	nd
	BY HEALTH DEPT.	125B NAME	OP REGISTRAR	25G FUNERAL DIRECT	<u>Laurel, Maryla</u>	ADDRESS
שר דפאם	Walland P V	D. Mail	The same and the s	1 2 ()	()	
4K 21 19/		edeig 1	60,	Morton & Dye	C tt F, H, 1701	Laurens St.

3046 TIOGA PKY.

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All

BIRTH NO.  1. NAME OF DECEASED		TE OF DEATH	REG. NO	72 02812
	CERTIFICA			
1. NAME OF DECEASED (Type or Print)			ND HOUR OF DEATH	806
ANNTE MARGARET SMITH  3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUN	ICED DEAD	14. USUAL RESIDENCE (W	=18=72	2:00 P.M. M. Istitution: residence before odmission)
3. FEACE IN BALLINORS WAREARD, WALKE PROPOSIT	ICLD DIAD	A. STATE B. COU	NTY	
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION HOSPITAL OR ADDRESS OR LOCATION)	ION, GIVE STREET	MARYLAND		CITY
INSTITUTION		C. CITY OR TOWN	D. INS	IDE CITY LIMITS?
THE JOHNS HOPKINS HOS	PITAL	E. STREET AND NUMBER	RE	YES NO
BALTIMORE, MD 21205		1727 RUTLAN		
		B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under 24 Hrs.
MARKIED	NEVER MARRIED		lost birthday)	Months Doys Hours Min.
FEMALE NEGRO WIDOWED		05-28-33	38	12. CITIZEN OF WHAT COUNTRY?
done during most of working life, even if retired)	OSINESS OK INDUSIKI	III. BIKINFLACE (Store of to	reign country)	12. CITIZEN OF WHAT COUNTRY!
Bugle	Laundry	Wadesboro, Nor	th Carolina	U. S. A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN N.	AME	
Ratliff				
15. Wos Decoosed Eyer in U. S. Armed Forces?	6. SOCIAL	17. INFORMANT	LENDON	ADDRESS
(res, no or unknown) (if yes, give wor or dotes of service)	SECURITY NO.			21212
18.	213-38-8295 CAUSE OF DEATH	Mr. Calvin C.	Smith 1/2/ R	Lutland Avenue 21213
75/19	CAUSE OF BEAT			BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		- INTAR -C	m = n en	7 dase
(This does not maan the made of dying, e.g.,	DUE TO, OR AS	SE NTR 9 - C	11-24 BB 10	
heart failure, asthenia, etc. It means the disease,			GLI GERB	The state of the s
ANTECEDENT CAUSES	170	DA 11.	~ ~ ~ -	3 1
DISEASES OR CONDITIONS, if any, giving	(B) OR AS	A CONSEQUENCE OF:	ercions row	
rise la lhe abave cause (A) stating the				
UNDERLYING CONDITION lost.	(c)			
7				
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING				
TO THE DEATH BUT NOT RELATED TO THE TERMINAL  VISEASE OR CONDITION GIVEN IN PART 1 (A).  194. DATE OF OPERATION 198. CONDITION FOR WI	HICH OPERATION	20 A. AUTOPSY? (Yes or	VOL 208 IE VES WERE	
The state of the s	D. EKA IIOII			FINDINGS CONSIDERED
WAS PERFORMED	. 11 -	Voc	IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
0 21A. ACCIDENT WAS UNDERLYING   21B. PI	LACE OF INJURY (e.g., i	or obout 21C. WHERE DID		
O 21 A. ACCIDENT WAS UNDERLYING   218. P  OR CONTRIBUTING   CAUSE OF   home,  OEATH (notify medical examine)   etc.)	LACE OF INJURY (e.g., i	n or obout 21C. WHERE DID fice bldg., INJURY OCCUR?		FINDINGS CONSIDERED USES OF DEATH?  The City, give exact location
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	lorm, foctory, street, of	fice bldg., INJURY OCCUR?	(II in Boltimor	
O 21A. ACCIDENT WAS UNDERLYING   21B. PI   10   10   10   10   10   10   10   1	LACE OF INJURY (e.g., in lorm, factory, street, of NJURY OCCURRED	21F. HOW DID IN	(II in Boltimor	
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  218. PI	LACE OF INJURY (e.g., in lorm, foctory, street, of NJURY OCCURRED	21F. HOW DID IN	(II in Boltimor	e City, give exact location)
21A. ACCIDENT WAS UNDERLYING 21B. PI OR CONTRIBUTING CAUSE OF DEATH (notify medicol exominer) 21D. TIME (Month) (Doy) (Yeor) (Hour) 21E. II While	NOT While At Work	21F. HOW DID IN	(II in Boltimor	
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  218. P! home, etc.  210. TIME OF INJURY (APPROX.)  218. P! home, etc.  218. P! home, etc	NOT While At Work	21F. HOW DID IN	(II in Boltimon	e City, give exoct locotion)
21A. ACCIDENT WAS UNDERLYING   21B. Pl. Normal Property   21B. Pl. Normal Property   21B. Pl. Normal Property   21B. Pl. Normal Property   21D. TIME (Month) (Doy) (Year) (Hour)   21E. II While (APPROX.)   22. I certify that (I) (this haspital) attended the that (I) (we) last saw the deceased alive an	NJURY OCCURRED  At Not Whill At Work  deceased fram 3	21F. HOW DID IN	(II in Boltimon	e City, give exact location)
21A. ACCIDENT WAS UNDERLYING \( \) OR CONTRIBUTING \( \) CAUSE OF DEATH (notify medical examiner)  21B. P! home, etc.)  21D. TIME (Month) (Doy) (Year) (Hour) 21E. II While Work  22. I certify that (I) (this haspital) attended the	NJURY OCCURRED  At Not Whill At Work  deceased fram 3	21F. HOW DID IN	(II in Boltimon	e City, give exoct locotion)
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21 D. TIME (Month) (Day) (Year) (Hour) 21E. II While Work  22. I certify that (I) (this haspital) attended the that (I) (we) last saw the deceased alive an and hour and fram the causes stated phove. (I)	NJURY OCCURRED  At Not Whil At Work  deceased fram (We) (did) (did nat) v	21F. HOW DID IN	(II in Boltimor	nlan death accurred an the date
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21D. TIME (Month) (Doy) (Year) (Hour) 21E. II While (APPROX.)  22. I certify that (I) (this haspital) attended the that (I) (we) last saw the deceased alive an and hour and fram the causes stated above. (I) 23A. SIGNATURE	NJURY OCCURRED  At Not Whil At Work  deceased fram (We) (did) (did nat) v	21F. HOW DID IN  21F. HOW DID IN  3 / 2 / 2 and  iew the bady after death  nding Med. Director	(II in Boltimon	nlan death accurred an the date
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21D. TIME (Month) (Day) (Year) (Hour) 21E. II While Work  22. I certify that (I) (this haspital) attended the that (I) (we) last saw the deceased alive an and hour and fram the causes stated above. (I) 23A. SIGNATURE  23C. PHYSICIAN'S NAME (Type)	NJURY OCCURRED  At Not While At Work  deceased fram	21F. HOW DID IN 19 21F. How DID	(II in Boltimon	nlan death accurred an the date
21A. ACCIDENT WAS UNDERLYING   21B. PI home, etc.] OR CONTRIBUTING   CAUSE OF   home, etc.]  21D. TIME (Month) (Doy) (Year) (Hour) 21E. II While Work  22. I certify that (I) (this haspital) attended the that (I) (we) last saw the deceased alive an and hour and fram the causes stated above. (I) 23A. SIGNATURE  23C. PHYSICIAN'S NAME (Type)  MELVIN H. EPSTEIN M.	LACE OF INJURY (e.g., in lorm, foctory, street, of NJURY OCCURRED  At Not Whith At Work deceased fram	21F. HOW DID IN  21F. HOW DID IN  21F. HOW DID IN  21F. HOW DID IN  A DID  A DID IN  A DID   (II in Boltimon NJURY OCCUR?  19 71 to that in (my) (aur) apl Shoff Phys. DPKINS HOSPIT	nian death accurred an the date	
21A. ACCIDENT WAS UNDERLYING   OR CONTRIBUTING   CAUSE OF DEATH (notify medical examiner)  21D. TIME (Month) (Doy) (Year) (Hour) 21E. II Work  22. I certify that (I) (this haspital) attended the that (I) (we) last saw the deceased alive an and hour and fram the causes stated above. (I) 23A. SIGNATURE  23C. PHYSICIAN'S NAME (Type)  MELVIN H. EPSTEIN M.  24A. BURIAL CREMATION, 24B. DATE 24C. NAM REMOVAL (Specily)	LACE OF INJURY (e.g., in lorm, foctory, street, of NJURY OCCURRED  At Not Whit At Work  deceased fram	21F. HOW DID IN  3 / 2 / 2 / 2 and  iew the bady after death  iew the bady after death  Director D  23D. ADDRESS  THE JOHNS HOME  MATORY 24D.	(II in Boltimon NJURY OCCUR?  19 22 to that in (my) (aur) apl Shoff Phys. DPKINS HOSPIT	nian death accurred an the date  238. DATE SIGNED  CAL  ity, town, or county) (State)
21A. ACCIDENT WAS UNDERLYING   21B. PI home, etc.]  OR CONTRIBUTING   CAUSE OF DEATH (notify medical examiner)  21D. TIME (Month) (Doy) (Year) (Hour) 21E. II While (APPROX.)  22. I certify that (I) (this haspital) attended the that (I) (we) last saw the deceased allve an and hour and fram the causes stated above. (I) 23A. SIGNATURE  23C. PHYSICIAN'S NAME (Type)  MELVIN H. EPSTEIN M.  24A. BURIAL CREMATION, 24B. DATE 24C. NAM REMOVAL (Specily)	LACE OF INJURY (e.g., in lorm, foctory, street, of NJURY OCCURRED  At Not Whith At Work deceased fram	21F. HOW DID IN 21F. HOW DID IN 3 / 2 / 2 and iew the bady after death iew the bady after death Director 23D. ADDRESS THE JOHNS HO MATORY 24D.	(II in Boltimon  NJURY OCCUR?  19 71 to that in(my) (aur) apl  Stoff Phys. C  PRINS HOSPIT  LOCATION (C  Baltimore, N	nian death accurred an the date  238. DATE SIGNED  CAL  ity, town, or county) (State)
21A. ACCIDENT WAS UNDERLYING   21B. PI home, etc., or CONTRIBUTING   CAUSE OF DEATH (notify medical examiner)  21D. TIME (Month) (Doy) (Year) (Hour) 21E. II While (APPROX.)  22. I certify that (I) (this hospital) attended the that (I) (we) last saw the deceased allve an and hour and fram the causes stated above. (I) 23A. SIGNATURE  23C. PHYSICIAN'S NAME (Type)  MELVIN H. EPSTEIN M.  24A. BURIAL CREMATION, 24B. DATE 24C. NAMEREMOVAL (Specily)	NJURY OCCURRED  At Not Whill At Work  deceased fram 3  (We) (dld) (dld nat) v  Attended to CEMETERY of CRE  Int Auburn Ce	21F. HOW DID IN  21F. HOW DID IN  3 / 2 / 2 and  iew the bady after death  iew the bady after death  23D. ADDRESS  THE JOHNS HOME  MATORY  25C. FUNERAL DIRECTOR	(II in Boltimon  NJURY OCCUR?  19 72 to  that in (my) (aur) apl  Shaff Phys. DPKINS HOSPIT  LOCATION (C Baltimore, N	nian death accurred an the date  238. DATE SIGNED  PAL  ity, town, or county) (Stote)  Maryland  ADDRESS
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21D. TIME (Month) (Day) (Year) (Hour) 21E. II White OF INJURY (APPROX.)  22. I certify that (I) (this haspital) attended the that (I) (we) last saw the deceased alive an and hour and fram the causes stated above. (I) 23A. SIGNATURE  23C. PHYSICIAN'S NAME (Type)  MELVIN H. EPSTEIN M.  24A. BURIAL CREMATION, REMOVAL (Specily)  Burial 3-22-72 MOL	NJURY OCCURRED  At Not Whill At Work  deceased fram 3  (We) (dld) (dld nat) v  Attended to CEMETERY of CRE  Int Auburn Ce	21F. HOW DID IN  21F. HOW DID IN  3 / 2 / 2 and  iew the bady after death  iew the bady after death  23D. ADDRESS  THE JOHNS HOME  MATORY  25C. FUNERAL DIRECTOR	(II in Boltimon  NJURY OCCUR?  19 71 to that in(my) (aur) apl  Stoff Phys. C  PRINS HOSPIT  LOCATION (C  Baltimore, N	nian death accurred an the date  238. DATE SIGNED  PAL  ity, town, or county) (Stote)  Maryland  ADDRESS

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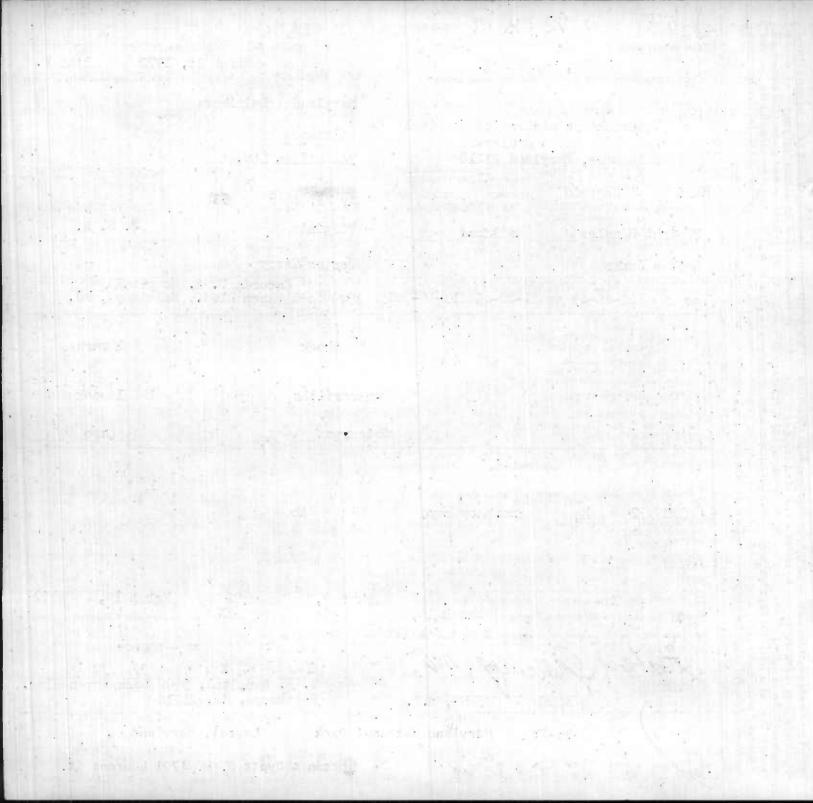
ACTION SOCIETY SECTION 
in ', and the second 
oryna vest Duern an, no.

the body was released to shows: (1) An accident of a deceased prior to death); written approval must be was D.O.A. at a hospital

1	BALTIMORE CITY HEA				
Toot.	BIRTH NO. 72 02813 CERTIFICATE	OF DEATH REG. NO			
deat cease on th	1, NAME OF DECEASED	2. DATE AND HOUR OF DEATH March 19, 19			
00:	JONES, WALLACE R.  3. PLACE IN BALTIMORE MARYLAND, WHERE PRONOUNCED DEAD  [4. U	SUAL RESIDENCE (Where deceased lived, If insti			
0000		TATE B. COUNTY			
(5) and de	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)	Maryland Baltimore			
se; (5 se, (5 se)	INSTITUTION Veterans Administration Hospital	TY OR TOWN D. INSIDI			
5 2 .		Baltimore TREET AND NUMBER			
	~ /	346 Hilton Street			
ula ula ula nad	5. SEX 6. RACE 7. MARRIED NEVER MARRIED B. DA	B. DATE OF BIRTH 9. AGE (In years lost birthday)			
contribut termined regular ceased p	Male Negroid WIDOWED DIVORCED MA				
col n ro n ro on is	10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. B done during most of working lile, even if retired)	RYHPLACE (Stole or loreign Country)			
or nde	Freight Handler Railroad	Virginia			
DEAN	13. FATHER'S NAME	AOTHER'S MAIDEN NAME			
	George Jones	Hester Terry			
kind; death death nce on	(Yes no or unknown) (If wer give war or dates of service)   SECURITY NO	900 Loch Raven Blvd., Bal			
caminer. Also, if A fracture of any who pronounced regular attendal	DISEASES OR CONDITIONS, il ony, giving DUE TO, OR AS A CO	reatitis			
(3) an in	uise to the obove couse (A) stoling the UNDERLYING CONDITION tost. (C). Seiz				
medical y burns; ( physicia ian was e remain	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).				
Body by the phy ysician e the re		NO NO 208. IF YES, WERE FIN CERTIFYING CAUS			
(2) ph for	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or all home, form, foctory, street, office blench, longity medical examiner)	bout 21C, WHERE DID (It In Boltimore			
ospi ature ot w (6) ned	21D. TIME (Month) (Doy) (Yeor) (Hour)  21E. INJURY OCCURRED  While At Not While At Not Work  At Work	21F. HOW DID INJURY OCCUR?			
he hay no axcel and abtai	22. I certify that (V (this haspital) attended the deceased fram Max	ch 7, 19 72 to Me			

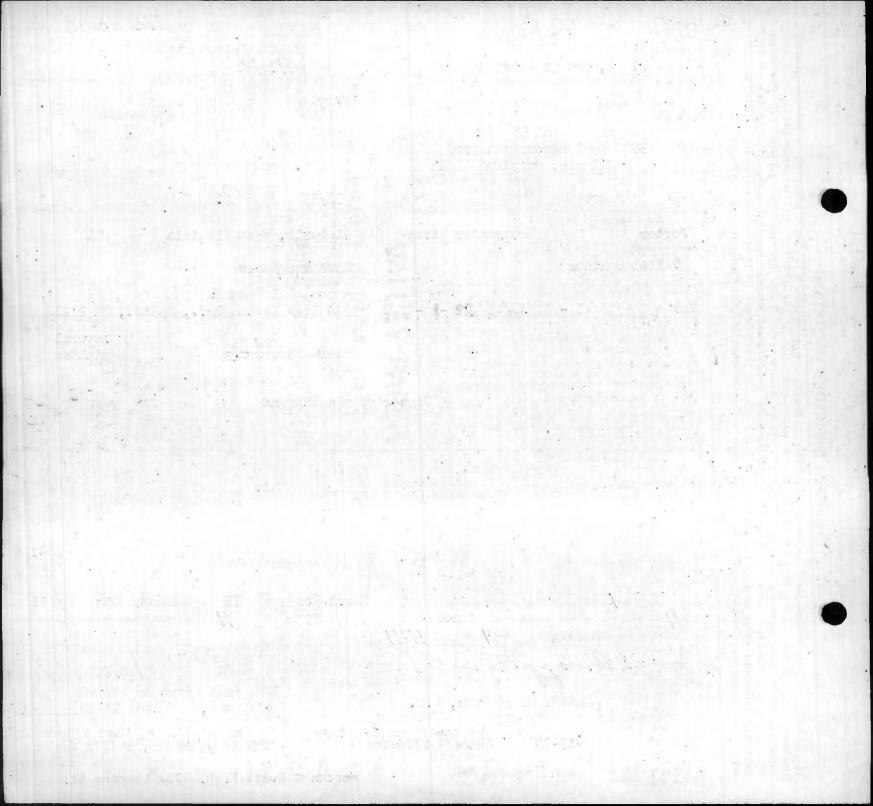
72 02813 1:45 P. M. E CITY LIMITS? YES Y NO If Under 1 Yr. Months: Doys Il Under 24 Hrs. Hours : Min. Hours 12. CITIZEN OF WHAT COUNTRY? U. S. A. pitalopress timore, Md. APPROXIMATE INTERVAL
BETWEEN ONSET AND DEATH 1 week 1 week years NDINGS CONSIDERED City, give exact location) 19 72 and that In(My) (aur) apinion death accurred on the date that () (we) last saw the deceased alive an March 19, and haur and from the causes stated above. (N (We) (did) (XXXXX view the bady ofter deoth. 23 B. DATE SIGNED Attending PHYSICIAN'S NAME (Type) 23D. ADDRESS V. A. Hospital, 3900 Loch Raven Blvd., GREENBERG, M.D. Baltimore, Md. 21218 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) (Stote) Maryland National Park Laurel, Maryland 3-23-72 Mortion & Dyett F. H. 1701 Laurens St.

24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)
Burial 3-23 VS 150-REV. 1/1/6B



the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

0	1 -12		BALTIMORE CITY	HEALTH DEPART	MENT		20	00014
BIRTH		72 028	14 CERTIFICA					02814
Type o	MINOR.	George Over	ton	2.	3/20/1	TO HOUR OF DEATH		м.
3. PLA	CE IN BALTIMORE, MA			4. USUAL RESIDE	NCE (Where	deceased lived. Il i	nstitution; r	residence before odmission)
FULL I	NAME OF (IF NOT	IN HOSPITAL OR IN	STITUTION, GIVE STREET	Marylan	nd			1303
INSTIT	UTION			C. CITY OR TOWN		D. INS	IDE CITY L	
1			tion Hospital	Baltimo			YES X	NO
X		ch Raven Bo				A 1 D .		
5. SEX	Balti 6. RACE	more, Maryl		B. DATE OF BIRTH		AGE (In years	II Unde	er 1 Yr. II Under 24 Hrs.
100	Male Negr		INEVER MARKIED	5/31/19		ost birthdoy)	Months	Doys Hours Min.
	UAL OCCUPATION GIV	e kind of work 10B. KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (SE	tote or foreig		12. CITI	ZEN OF WHAT COUNTRY?
	ring most of working lile, ev Porter		gomery Wards	Kimherl	TI Mos	et Vincinia		USA
	HER'S NAME	2.00.0	Parior J. Marab	14. MOTHER'S MA	AIDEN NAM	st Virginia		UDA
	Culton O Mi	nor		Jessie	M Burk	cs		
15, Wos (Yes, no	orunknown) (II yes, give	Armed Forces? wor or dotes of servi	1 6. SOCIAL SECURITY NO.	17. INFORMANT VA Hospi	tal Re	ecords		ADDRESS
Y	es 5/13/	41 - 11/24/	45 335-1:6-7200			em Blvd. B	alto.	. Md 21218
1B.	149 XI		CAUSE OF DEATH					APPROXIMATE INTERVAL
	DISEASE OR CON				194		F-13	several
(TI	LEADING 1 his does not meen th		(A) IMMEDIATE CAU	SE Severe h	emorrh	nage		minutes
he	art failure, asthenia, et jury ar camplication wh	c. It means the dise		CONSEQUENCE	r:			
In	ANTECEDEN		0	. 0 . 11				
			(B) Cancer of the Pharynx DUE TO, OR AS A CONSEQUENCE OF:					year
	ISEASES OR CONDIT			A CONSEQUENCE	01.			
UI	NDERLYING CONDITION	ON last.	(c)					
7								
010	HER SIGNIFICANT COND  THE DEATH BUT NOT R							
V DIS	SEASE OR CONDITION G		OR WHICH OPERATION	20A. AUTOPSY?	(Yes or No)	20B. IF YES. WERE	FINDING	CONSIDERED
CERTIFICATION	TO THE OF THE PROPERTY OF	WAS PERFORMED		NO		20B. IF YES, WERE IN CERTIFYING CA	USES OF	DEATH?
	A. ACCIDENT WAS UN	DERLYING [	218. PLACE OF INJURY (e.g., in	or obout 21 C. WHE	RE DID	(If in Baltimo	re City, giv	ve exoct location)
CAL	CONTRIBUTING CA	miner)	home, lorm, factory, street, oli etc.)	nce blag., INJURI C	/CCO K:			
D 211	D. TIME (Month) (C	Doy) (Year) (Hour)	21 E. INJURY OCCURRED	21 F. HOV	JUNI DID V	JRY OCCUR?		
>	PPROX.)		While At Not While					
			Work L At Work	Monah 3md		- 70	1.	0011
			ed the deceased from	March 3rd			larch	
	* *		on March 20th			it In /m/y) (our) ap	Inian dea	oth accurred an the date
		auses stated abov	e. (1) (We) (did) (did /hor) v	iew the bady afte	er death.			
237	SIGNATURE D	Jan 1	- MD AM	nding Med		Shoff C	238, DA	TE SIGNED
	to what	salelon.	DEGREE Phys	Dire	ctor 📙 i	Staff Phys.	3/2	0/72
250	NAME (Type)			23D. ADDRESS	3900	Loch Rave	n Boy	levard
		JOSEPH SAPP	INGTON, M.D. DEGREE			cimore, Mar		
24A. 8	URIAL CREMATION. 24 EMOVAL (Specily)	B. DATE 24	C. NAME of CEMETERY OF CRE			CATION (C	City, town,	or county) (Stote)
-	Burial	3-25-72	Meadow Haven (		111111			dest Virginia
	ATE REC'D BY HEALTH				DIRECTOR	WOOD IN THE S	1 OSCITIVE	ADDRESS
MI	AR 21 1977	Ben 8 32	Ben 100	Morton	Dvet	t F. H. 170	11 1 2	renc Ct
VS 150	-REV. 1/1/6B			INDI LOUI	z vyel	<del>-                                    </del>	ıı Lau	115113-3-6



the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and FUNERAL DIRECTOR: IMPORTANT

1/11/			BALTIMORE CITY	HEALTH DEPARTMENT		les co	
K-400 BIRTH NO.	72 (	2015	CERTIFICA	TE OF DEATH			02815
1. NAME OF DEC	KELLY, H	ENRY D	OUGLAS		MARCH 20, 1	-	12:15 P.M.
3. PLACE IN BA	LTIMORE MARYLAND, W	VHERE PRONO	UNCED DEAD	14 USUAL RESIDENCE (			residence before admission)
FULL NAME OF HOSPITAL OR INSTITUTION	(IF NOT (N HOSPIT ADDRESS OR LOC	AL OR INSTITU	UTION, GIVE STREET	MARYLAND C, CITY OR TOWN	D. (N	ISIDE CITY I	1504 UMITS?
11-0				BALTIMORE		YES [	NO 🗌
40	ST AGNES H	OSPITA	L	E. STREET AND NUMBER 2318 BRY	ANT AVENUE		
5. SEX	6. RACE	7- MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (in years last birthday)	If Unde	er 1 Yr. II Under 24 His.
MALE	NEGRO	WIDOWED	DIVORCED [	09/10/19	52		
	UPATION (Give kind of work working life, even if refired)	108 KIND OF	BUSINESS OR INDUSTRY	SOUTH CAR		12. CIT	US A
13. FATHER'S NA	ME			14. MOTHER'S MAIDEN	NAME		
KELLY	Y, PERSON			GARRISO	N, HETTIE		
	d Ever in U. S. Armed Fo	rees?	1 & SOCIAL	17. INFORMANT CA	ON AVES	BALTO.	. APIDESS 21229
NO NO	in Acr. Bras Mat ol. gar	es of service)	216127699	ST AGNES HO	SPITAL RÉC	CORDS	,WILKENS &
18. 2	3 91		CAUSE OF DEAT				APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEA	SE OR CONDITION D		Bloom	Line Stoma	ch ulcer		1
(This door	LEADING TO DEATH not mean the mode of		(A) IMMEDIATE CAU	ISE O			4 115
heart failure,	, asthenia, etc. It means molication which caused	the disease,	DUE TO, OR AS	A CONSEQUENCE OF:			
injury or col	ANTECEDENT CAUSES		Hoen	nolytic an	emia		2 months
DISFASES	OR CONDITIONS, if			A CONSEQUENCE OF:			
rise to th	e above cause (A) G CONDITION last.		10 Posis	uble Auto	inmune Do	sease	11 11
O OTHER SIGNI	II FICANT CONDITIONS CO	NTRIBUTING	Mala	tusis del	+ Lunc		undetermine
<b>▼</b> DISEASE OR	TH BUT NOT RELATED TO T CONDITION GIVEN IN PA	RT 1 (A).			X		
19A.DATE O	F OPERATION 198 CON WAS PE	NDITION FOR THE	WHICH OPERATION	YES	IN CERTIFYING	AUSES OF	DEATH?
U 21A. ACCIDI	NT WAS UNDERLYING	218	PLACE OF INJURY (e.g.,	n of obout 21 C. WHERE DI	D (If in Boltim	(c) City, gl	ve exoct location)
DEATH (notif	NT WAS UNDERLYING [ UTING ] CAUSE OF y medicol examined	horr etc.	ne, farm, factory, street, of	fice bidg. (NJURY OCCU)	R7		
21D. TIME	(Month) (Doy) (Year)		NJURY OCCURRED		(NJURY OCCUR?		
(APPROX)		Wh	ile At While At Work	•□			
22. I certify	y that XIX(this hospita	il) attended t	he deceased from M	ARCH 17	19 _72_to _M/	RCH	20, 19.72
	) lost sow the deceas					pinion dec	ath occurred on the dote
ond hour or	nd from the couses sto	ited obove.	y (Me) (919) (9/9/194)	lew the body after dec	sth.		
23A. SIGNAT		1				23 B. D.A	TE SIGNED
	Sept 1		DEGREE Phy		Shoff Phys.	3	20 12
23C.PHYSICI	ANS DANIEL	HUERTA	, M.D.	23D. ADDRESS  ST AGNES	HOSPITAL		
2447 BURIAL CR	EMATION, 248, DATE	LET+G 24CM	AME OF CEMETERY OF CH			(City, town,	or; Acupty) (State)
DUVI	3-24	-72 C	edar Hill	Cometay :		over	111
25A. DATE REC'	TO A A O	258. NAME	OF REGISTRAR	23C FUNERAL DIREC	CTOR ) +++	FIL	ADDRESS ST
HAR 7 I P	THE SHAMPAN C.	William State of	The state of the s		31/1/10/11	1 -11-	" IIII - MIUNEL

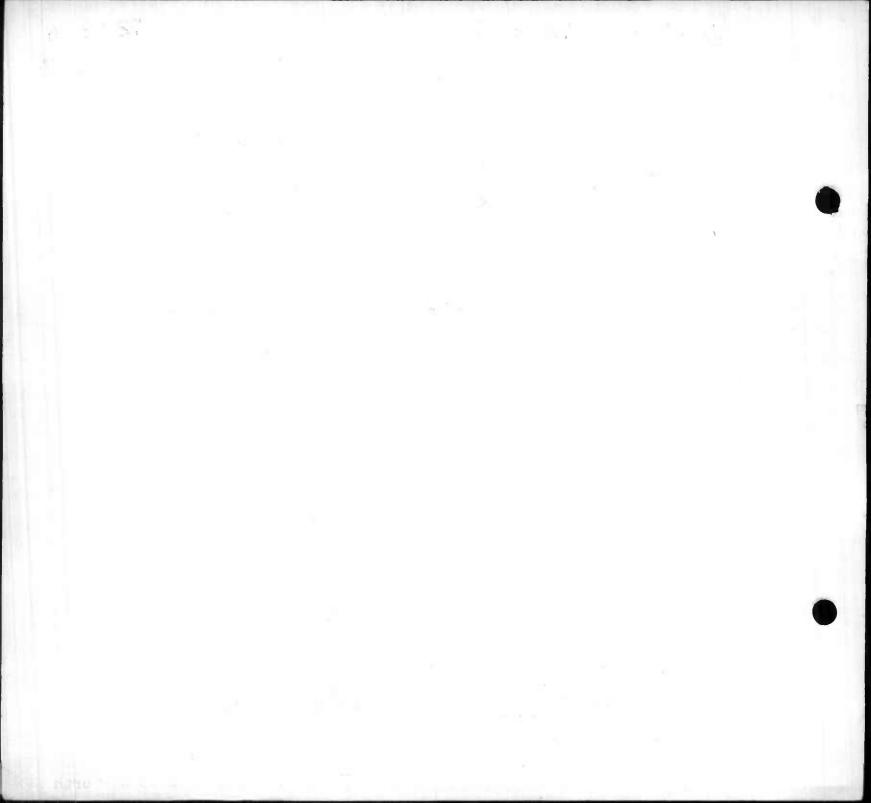
REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR 23C FUNERAL DIRECTOR

2 VS 150-REV. 1/1/68

12.12 JATINGON SERVING - ANTIGRAS HYSEZ CARRISON, HETTIE CATON AVES., BALLO, JMB. (21329 KELLY, PERSON SY AGNES HOSPITAL RÉCORCS, VILKEUS 1 Block of the motor which A bis Perchie Autenment Proces

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

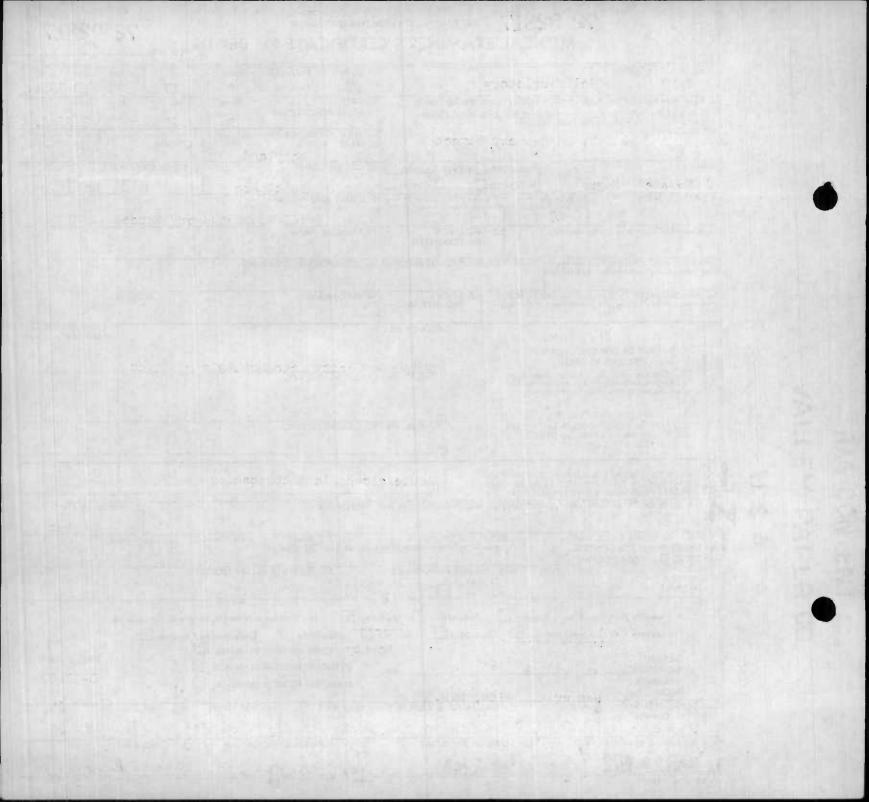
1	)-54// 72 02816		HEALTH DEPARTMENT OF DEAT	•	72 02816
	NAME OF DECEASED DUNLAP. A	NNTO	7 2. DAT	E AND HOUR OF DEATH	12. 4:55 A.
3.	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED	DEAD	4. USUAL RESIDENCE	(Where deceased lived, If i	institutions residence before admission)
FL	ILL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, DEPITAL OR ADDRESS OR LOCATION)	GIVE STREET	Md c. CITY OR TOWN R	:	SIDE CITY LIMITS?
8 8	THERAN OF MARY/A	n D	E. STREET AND NUMB	ss/mans/ ER essman St	YES NO
5.	SEX 6. RACE 7. MARRIED NET	/ER MARRIED  DIVORCED	B. DATE OF BIRTH	9. AGE (In years lost birthday)	II Under 1 Yr. II Under 24 Hrs. Monthsi Doys Hours Min.
10/	USUAL OCCUPATION (Give kind of work 108, KIND OF BUSIN		11. BIRTHPLA CE (Stote o	r foreign country)	12. CITIZEN OF WHAT COUNTRY?
dor	Laborer		South Ca	molino	11 O A
13.	FATHER'S NAME		14. MOTHER'S MAIDEN		USA
	??	??			2223
15. (Ye	Was Deceased Ever in U. S. Armed Forces?   16.50		M's Grace	Littles, Sar	ADDRESS me
AL CERTIFICATION	UNDERLYING CONDITION lost.  II  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  19A. DATE OF OPERATION 19B. CONDITION FOR WHICH WAS PERFORMED  21A. ACCIDENT WAS UNDERLYING 21B. PLACE OR CONTRIBUTING CAUSE OF	(B) DUE TO, OR AS (C) OPERATION  OF INJURY (e.g., li)	A CONSEQUENCE OF:    20A. AUTOPSY? (Voc. or obout 21C, WHERE Dire bidg., INJURY OCCU	IN CERTIFYING CA	BETWEEN ONSET AND DEATH  S.  FINDINGS CONSIDERED  USES OF DEATH?  The City, give exact location)
O	DEATH (notify medical examiner) etc.)  21D.TIME (Month) (Doy) (Year) (Hour)  OF INJURY (APPROX.)  While At [Work]	Y OCCURRED Not While	i i	INJURY OCCUR?	
	22. I certify that (I) (this hospital) attended the dece	At Work	3 14.	19 72 to 3	. 20 10 72
	that (1) (we) last saw the deceased alive an3	.20.		d that In(my) (aur) apl	nian death accurred an the date
	and hour and from the causes stated obove. (I) (We)	(dld) ( <del>dld not</del> ) v	ew the bady after dec	ith.	
	SAMUEL J. EDWIN	M) . Atter	ding Med.	Staff D	3.20.1072.
	23C. PHYSICIAN'S NAME (Type)	DEGREE 2	D. ADDRESS LUTHERA	N HOSPIT	A/ BACTO, MD #1
24A	D. C. Capecity	CEMETERY OF CRE			ity, town, or county) (State)
25A	MAR 22 Y972 H CZZ- & E- TOMBOF WAR	uburn Ce	25C. FUNERAL DIREC		ADDRESS
VS	150-REV. 1/1/68		Trans-bild	s Halstead ]	1206 W North AVE



### 72 02817. BALTIMORE CITY HEALTH DEPARTMENT

72	0281	10
12	COL	

MEDICAL EXAMINER'S	CEDITIFICATE OF DEATH	S ASOT!
BIRTH NO.	REG. NO.	
I. NAME OF DECEASED	2. DATE Known A Month Doy	Yeor Hour
(Type or Print) Odel Singletary	OF DEATH Estimoted 3 17	72 2:55 A <sub>M</sub>
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Doy	Yeor Hour
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) OR INSTITUTION	PRONOUNCED DEAD 3 17	72 2:55 A. M
00 145 W. Montgomery Street	S. USUAL RESIDENCE (Where deceased lived. # Institution: res A. STATE B. COUNTY  Maryland	idence before odmission)
6. SEX 7. RACE 8. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE CITY L	IMITS?
Female Negro WIDOWED DIVORCED	Baltimore YES [	] NO []
9. DATE OF BIRTH   10. AGE (In years   11 Under 1 Yr. If Under 24 Hrs.   Months; Doys   Hours   Min.   47	E. STREET AND NUMBER	
II. BIRTHPLACE (State or lareign country) 12. CITIZEN OF	145 W. Montgomery Stre	et
WHAT COUNTRY?	No Put to the late of the late	
14A. USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTR' done during most of working life, even if retired)	15. MOTHER'S MAIDEN NAME	
6. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL	IB. INFORMANT ADDR	ESS
(Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO.		
19. CAUSE OF DEA	TH	APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY		BETWEEN ONSET AND DEATH
LEADING TO DEATH	AUSE Fatty metamorphosis of liver	
(This does not meon the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	AS A CONSEQUENCE OF:	
Injury or complication which coused death.)		
ANTECEDENT CAUSES (6)		
	AS A CONSEQUENCE OF:	
I UNDERLYING CONDITION LAST		
(C)		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	alcoholic intoxication	
IO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WAS	AS PERFORMED 21.	AUTOPSY? (Yes or No)
		Yes
UNDERLYING I OP CONTEIR. Inome, form, foctory, street, office	In or obout 22C. WHERE DID (If in Boltimore City, give exact loce bldg., etc.) INJURY OCCUR?	ration)
UTING □ CAUSE OF DEATH.		
OF INJURY	22F. HOW DID INJURY OCCUR?	
(APPROX.)  m. WHILE AT WORK AT W	WHILE ORK	
	tapsy 🖾 and that on this basis, deoth in my opin	t
resulted from Natural causes X Accident Sulcid		ion
	eputy CHIEF MEDICAL EXAMINER	
ACTUAL	ASSISTANT MEDICAL EVAMINED	DATE SIGNED
SIGN ATUREM.D.		3-17-72
NAME (Type) Werner II. Spitz. M.D.	ASSOCIATE MEDICAL EXAMINER	
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY	ar CREMATORY 24D. LOCATION (City, town, or	county) (State)
Quilal 3/23/12/mt Call	lary a a Co., m	a
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	ADDRE	SS
MAR 22 1372 Value Entra 1000	Job Brown + An mont	come ne Se
VS 151-REV. 1/1/68	4 1 6	7 07



72	02818	CERTIFICATE OF DEATH	
		2. DATE AN	D

S O O O O O O BALTIMORE C	TTY HEALTH DEPARTMENT						
TRITH NO. 72 02818 CERTIFIC	CATE OF DEATH REG. No. 72 02818						
VDE OF POOL	2. DATE AND HOUR OF DEATH						
SAGARINO, HARRY	March 7, 1972 2:30 A						
PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where docedsed lived. If institution: residence before admission A. STATE  B. COUNTY						
ULL NAME OF (IF NOT IN HOSMTAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	Maryland						
NSTITUTION ADDRESS OF ECCATION)	C. CITY OR TOWN D. INSIDE CITY LIMITS?						
The Cool C.	Baltimore YES ₩ No □						
The Good Samaritan Hospital	1927 East Pratt Street						
SEX   6. RACE   7. MARRIED   AUTUS MARRIED							
Male   Caucasian MARKIED   NEVER MARKIED	last birthdoy) Months Days Hours Min.						
A. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUST	3/14/98 73						
one during most of working life, even if selfred)	11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTR'						
Sailor FATHER'S NAME	USA						
	14. MOTHER'S MAIDEN NAME						
Frank Sagarino	Daisy Brown						
. Was Deceased Ever in U. S. Armed Forcas?  os, no or unknown) (If yes, give war or dates of service)  1 6. SOCIAL  SECURITY NO.	17. INFORMANT ADDRESS						
578 26 224	4 Patient (Med. Record)						
18. CAUSE OF DEA	ATH APPROXIMATE INTERVAL						
DISEASE OR CONDITION DIRECTLY CHRONTO	C OBSTRUCTIVE PULMONARY DIS						
(A)IMMEDIATE C.	AUSE						
heart failure, asthering at a means the disease.							
injury or complication which caused death.)							
ANTECEDENT CAUSES							
ing to the appear cops /W Stellind Illia	AS A CONSEQUENCE OF:						
UNDERLYING CONDITION last. (C)							
II .							
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A)							
19A-DATE OF OPERATION 1198 CONDITION FOR WHICH OPERATION	120A A LIVERPUS IV. a. a. N. V. OAD IF V.						
21 A ACCIDENT WAS UNDERLYING TO 1218 PLACE OF INTURY ION	20A. AUTOPSY? (Yes or No.)  20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?						
TENDER OF THE PROPERTY OF THE	in or about 2VC. WHERE DID (II in Boltimore City, give exact location)						
OR CONTRIBUTING CAUSE OF home, form, foctory, street, etc.)	office bldg. INJURY OCCUR?						
	OLE HOW DID INHURY CORNET						
(APPROX.) While At   Not Wi	21F. HOW DID INJURY OCCUR?						
Work L At Work	rk 🗀						
	7/15/71 19 to 3/7/72 19						
that (1) (we) last saw the deceased alive an 3/6/	19 72 and that in(my) (Ser) apinion death accurred on the date						
and haur and from the causes stated above. (I) (**) xthix (did not)	view the bady after death.						
23A. SIGNATURE	23B, DATE SIGNED						
DECREE Ph	thending Med. Stuff March 7, 1972						
23C. PHYSICIAN'S NAME (Type)	23D. ADDRESS						
Alfred Munzer, M.D.	l Wniversity Parkway East Baltimore M						
A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CI	REMATORY 220: LOCATION Willy, AND TO THE ATT Stote						
3-14-72	INIVENSITY MEDICAL COTOC						
A. DATE REC'D BY HEALTH DEPT. 258, NAME OF REGISTRAR	25C, EUNERAL DIRECTOR						
R 2 2 1972 Res & Color 100 0 0	MORTUARY SERVICE DOWN						
150-REV. 1/1/68	POLICE - PULL						

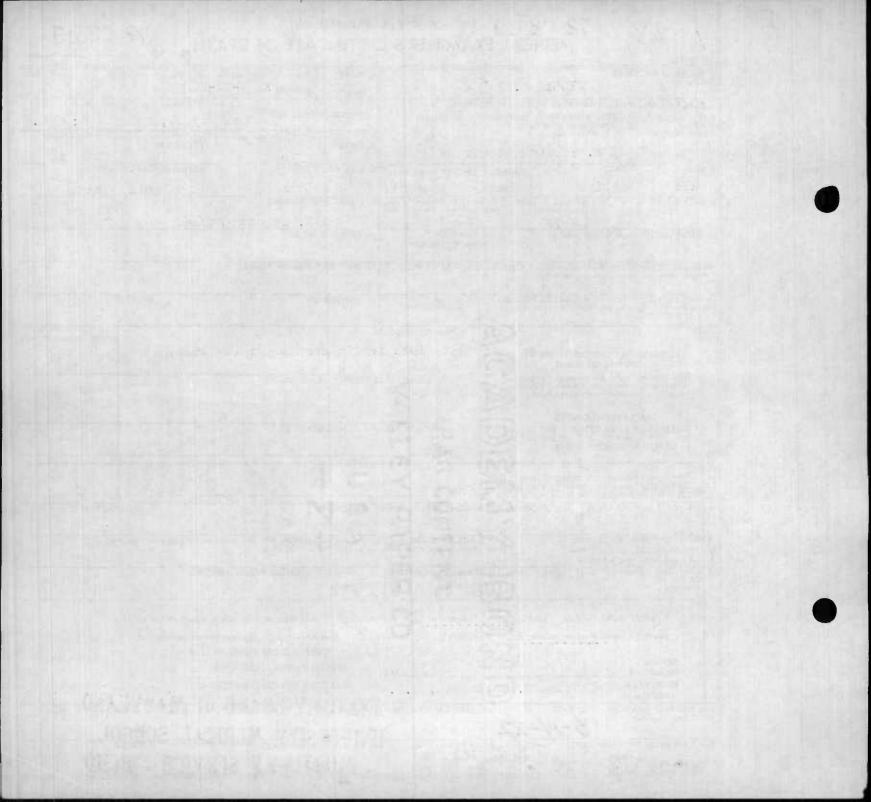
72-02818

B-200
RTH NO.
NAME OF DECEAS

72 02819 BALTIMORE CITY HEALTH DEPARTMENT

72 0	2819
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10-20	MEI	DICA	LEX	AMINER'S	C	ERTIFIC	CATE OF	DEAT	H DEC NO	IR U	C013	,
BIRTH NO.									REG. NO.			
(Type or Print)	CEASED WILLI	S A.	BAUG	H	1	DATE OF DEATH	Known   Estimoted	1-27-7	72 Day	Year	Hour	M.
4. PLACE IN BAI	LTIMORE, MARYLAND,	WHERE F	RONOL	JNCED DEAD		B. DATE		Month	Doy	Yeor	Hour	141.
FULL NAME OF HOSPITAL OR INSTITUTION	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL ADDRESS OR LOCATION) OR INSTITUTION						JNCED DEAD		ry 27, 1		4:06	
00	8 E. Pres	ton S	tree	t		A. STATE	Maryland		B. COUNTY	; resigence	116	) 2
6. SEX	7. RACE	B. MAR	RIED	NEVER MARRIED		C. CITY OR	TOWN		D. INSIDE CI	TY LIMITS?		
Male	White	WIDO	WED 🗌	DIVORCED		1	Baltimore		YE	s 🛣	NO	
9. DATE OF BIRT	H 10. AGE (lost birthd		If Und Months	er 1 Yr. If Under 24 F			B E. Pres	ton Str	reet			2
11. BIRTHPLACE (	State or lareign country)			TIZEN OF HAT COUNTRY?	1	3. FATHER						
	JPATION (Give kind of world working life, even if retired)		D OF BU	ISINESS OR INDU	TRY	15. MOTHE	R'S MAIDEN NA	ME				
(Yes, no or unknown	ED EVER IN U.S. ARME )(If yes, give wor or dote:	ol servic	5? e)	7. SOCIAL SECURITY NO.		B. INFORM	AANI		AL	DDRESS		
19. 11	0.21			CAUSE OF E	EAT	4					PPROXIMATE IN	
DISEAS	FE OR CONDITION DIR	CTIV		Arterioso	1e	rotic o	cardiovas	cular d	lisease	DELA	WEEN ONSET A	IND DEATH
	LEADING TO DEATH			(A)IMMEDIA	TE CA	USE						
heart foilure	(This does not mean the made of dying, e.g., heart failure, asthenia, etc. it means the disease,											
injury or cor	injury or complication which coused death.)											
ANTECEDENT CAUSES  (8)  DISEASES OR CONDITIONS, IF ANY, GIVING  DUE TO, OR AS A CONSEQUENCE OF:												
RISE TO TH	OR CONDITIONS, IF AN	Y, GIVING	3 <b>E</b>	DUE TO,	OR A	S A CONSEC	QUENCE OF:					
ZUNDERLYII	NG CONDITION LAST.			(c)								
O THE DE.	II VIFICANT CONDITIONS C ATH BUT NOT RELATED TO	THE TER	MINAL			37.						
20A. DATE O	F OPERATION 20B. CO			HICH OPERATION	WAS	PERFORM	FD			21 AUTO	OPSY? (Yes	or No)
Ö				THE COLUMN	1170	, ieki okii				Ne		,
UNDERLYING	NAL CAUSE WAS		22B. PL home, I	ACE OF INJURY (e	office	or obout 2 bldg., etc.)	2C. WHERE DID	(II in Boltimor	e City, give exa			
2 22D. TIME OF INJURY	(Month) (Doy) (Yes	ır) (Ho	ur) 22E	INJURY OCCURR	ED.	2	2F. HOWDID IN	JURY OCCU	JR?			
(APPROX.)			m. WH	ORK .	71 MO	HILE DIRK						
	tify that I held an	Inquiry		Inspection X			and that an t					
resul	ted from: Natural ca	uses XX	Acc	Ident Sui	iclde	☐ Ho	micide 🗌	Undetermin	red manner	]		
ACTUAL SIGNAT		P	3	ermante	M.D.		CHIEF MEDICAL I				DATE SIG	NED
EXAMIN NAME (	IER'S Charle	S S.	Spri	ngate, M.D	) e	ASSO	CIATE MEDICAL	EXAMINER	Jan	uary :	27, 19	72
24A. BURIAL CRE REMOVAL (Spec	MATION, 248. DATE	1-2	24C.	NAME of CEMETE	RY	निक्का है	RWIY 1526	tochou	1 (214,763)	d buth	(Sto	ote)
25A. DATE REC'D	BY HEALTH DEPT.	258.	NAME C	F REGISTRAR	L	NIXE	UNERAL BIRECT	REDIC	AL SC	DORESS		
MAR 22	1972 Rabert	E. 10	ber	/C4.	1	MO	RTUARI	SER	VICE -	. BCI	HD	
VS 151-REV. 1/1/6	8	1 .	2	Gorda		6-4						

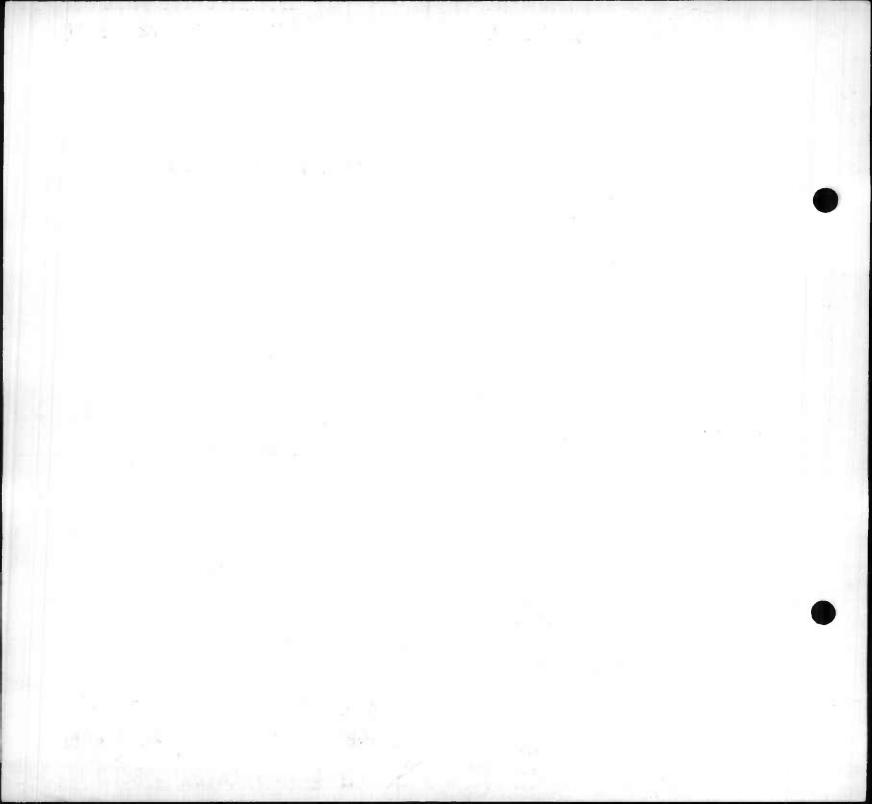


resulted from: Natural causes 🔀 Sulcide Accident Undetermined manner CHIEF MEDICAL EXAMINER DATE SIGNED ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATURE EXAMINER'S ASSOCIATE MEDICAL EXAMINER Russell S. Fisher, M.D. NAME (Type) 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETER REMOVAL (Specify) 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR VS 151-REV, 1/1/6B

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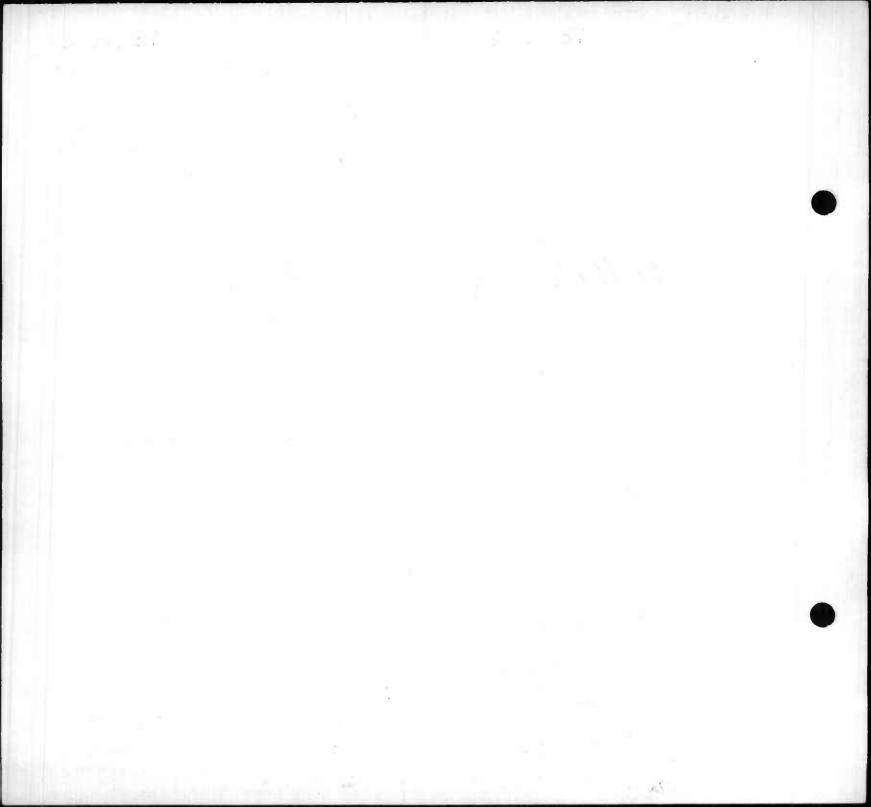
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are emblaned or final disposition in a death. Such

T-410	)		BALTIMORE CITY	HEALTH DEPARTMENT	WAIR 1	wa sun . Min		
BIRTH NO. 72		02821	CERTIFICA	TE OF DEATH	REG. NO	72 02821		
1. NAME OF DE	Baby Gi	rl Tyle	En .		Manele 10 1	972 1 1.45 P		
3. PLACE IN BA	LTIMORE, MARYLAND,	WHERE PRONOU	NCED DEAD	4. USUAL RESIDENCE (Whe	re deceased lived. If i	nstitution: residence before admission		
FULL NAME OF HOSPITAL OR INSTITUTION	f (IF NOT IN HOSPI ADDRESS OR LOC	TAL OR INSTITU	TION, GIVE STREET	Mary land	) / <del>34///</del>	SIDE CITY LIMITS?		
Unio	ensity of ma	ryland	Hospital	Ballimo E. STREET AND NUMBER	ne 1	YES NO		
5. SEX	0 0	0		1621 n.Ca	her S			
Female	Negno	WIDOWED	NEVER MARRIED DIVORCED	3/4/72	9. AGE (In yours lost birthdoy)	tl Under 1 Yr. Il Under 24 Hrs Months Doys Hours Min.		
done during most of	CUPATION (Give kind of working life, even if retired)	k 108, KIND OF	BUSINESS OR INDUSTRY	Ballimore.		12. CITIZEN OF WHAT COUNTRY		
13. FATHER'S NA	E3 kridge	?		14. MOTHER'S MAIDEN HAI Pauline	ME Tyles	Panken		
15. Was Decease	d Ever in U. S. Armed Fo	rces?	6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS		
			JECORIII NO.		-	Luc III		
IThis does head failure, injury or can DISEASES rise to the UNDERLYIN OTHER SIGNII TO THE DEAL DISEASE OF C	SE OR CONDITION DI LEADING TO DEATH not meen the made of , ashenia, etc. It means mplication which caused ANTECEDENT CAUSES OR CONDITIONS, if the obove cause (A) G CONDITION last.  II FICANT CONDITIONS CO THE BUT NOT RELATED TO TO CONDITION GIVEN IN PAR F OPERATION 198. CON	dying, e.g., the disease, death.) any, giving stoling the NTRIBUTING HE TERMINAL IT 1 (A).	(B) DUE TO, OR AS	A CONSEQUENCE OF:	9	BETWEEN ONSET AND DEATH		
21A. ACCIDE	WAS PER	FORMED		20A. AUTOPSY? (Yes or No				
AR CONTRACT	NT WAS UNDERLYING DUTING CAUSE OF medical examines	home,	form, foctory, street, of	or about 21 C. WHERE DID ice bldg., INJURY OCCUR?	(II In Boltimor	e City, give exect location)		
DEATH (notify)  210.TIME OF INJURY (APPROX.)	(Month) (Doy) (Year)	(Hour) 21 & 11 While Work	At Not While	21F. HOW DID INJU	JRY OCCUR?			
22. I certify	22. I certify that (i) (this hospital) attended the deceased from 3/6 19 72 to 3/10 19 72							
that (I) (we)	that (1) (we) last saw the deceased alive on 3/10 19 32 and that in (my) (aur) apinian death occurred on the date and haur and fram the causes stated above. (1) (We) (did) (did not) view the body after death.							
Luciuma Pruksaporg M. J. Attending Med. Stoff 23B. DATE						23B. DATE SIGNED 3/10/9 2		
23C.PHYSICIA NAME (1	ypel KUSUMA	PRUKSI		ANATOMY BO	ARD OF N	IARYLAND		
KEMOVAL	3-20-	722 24C. NAN	AE of CEMETERY OF CREA	JOHNS HOPKI	NS MEDIC	CAL SCHOOL (Stole)		
MAR 99	972 Rabers 2	258 NAME OF	REGISTRAR O O	MOREUARY	SERVICE	- BCHD		
S 150-REV. 171/	68							

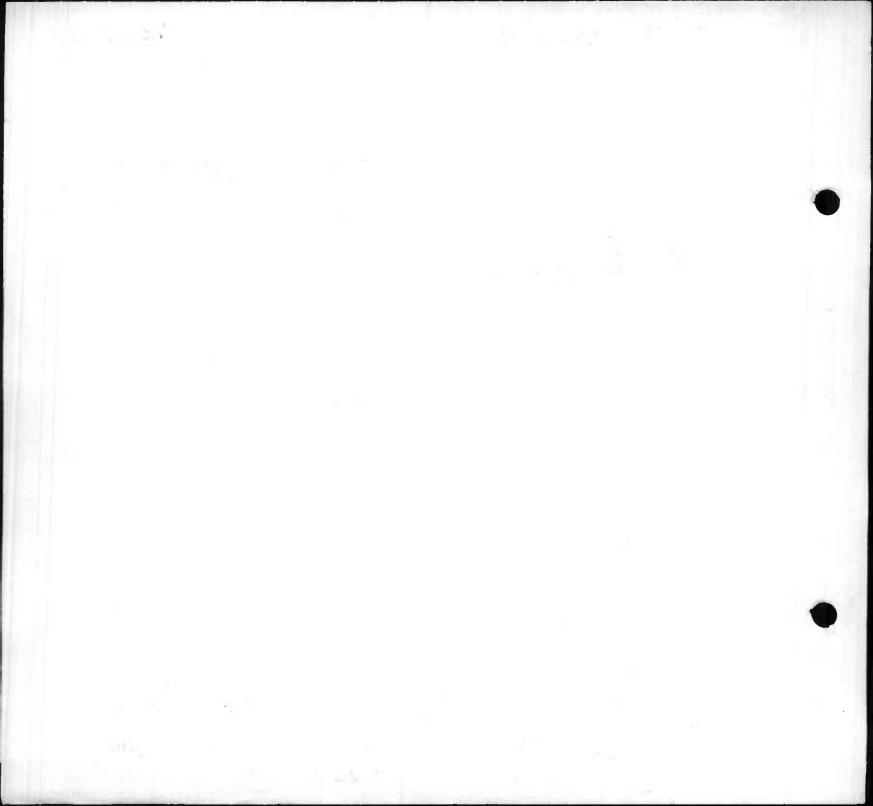


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	S-152 IRTH NO. 12-0310472 0285		Y HEALTH DEPARTMENT	REG. NO.	70 00000			
	NAME OF DECEASED BABY AIN	Spuren		D HOUR OF DEATH	72 02822			
3	PLACE IN BALTIMORE, MARYLAND, WHERE PE	//	4. USUAL RESIDENCE (Where	vieles 12, 195	dulion: residence before admission)			
- 11	ULL NAME OF (IF NOT IN HOSPITAL OR III IOSPITAL OR ADDRESS OR LOCATION)		Baly- C. CHY OR TOWN	rel	1303 CITY LIMITS?			
	University of Maylar	nd Hospital	E. STREET AND NUMBER	.1/	ES NO			
5.	SEX   6. RACE   7. MAR	RIED NEVER MARRIED	8. DATE OF BIRTH 19	AGE (In years   1	II Under 1 Yr. , II Under 24 Hrs.			
	remate 10.19110 WIDO	WED DIVORCED	3/12/72	ost birthdoyi	Aonths Doys Hours Min.			
de	A USUAL OCCUPATION (Give kind of work 10B, KIN one during plost of working life, even if retired)	D OF BUSINESS OR INDUSTRY	11. BIRTH PLACE (Stole or foreig	n country)	12. CITIZEN OF WHAT COUNTRY			
13	FATHER'S NAME		14. MOTHER'S MAIDEN NAM	Spencer				
15	Was Deceased Ever in U. S. Armed Forces? es,no or unknown) (If yes, give wor or dates of serv	ice)   1 % SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS			
	18. 778.21	CAUSE OF DEAT	H		APPROXIMATE INTERVAL			
	DISEASE OR CONDITION DIRECTLY		Rozping low	Prolugo	BETWEEN ONSET AND DEATH			
	(This does not mean the mode of dying e.g. (A)IMMEDIATE CAUSE							
	hearl failure, asthenia, etc. It means the disease, injury ar camplication which caused death.)							
	ANTECEDENT CAUSES	(0)	raleire	****************				
	DISEASES OR CONDITIONS, if any, ginse to the above cause (A) stating UNDERLYING CONDITION last.	the Didown	a consequence of:	aseulas Coap	rule pathy			
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTION THE DEATH BUT NOT RELATED TO THE TERMINATION OF	NG NAL	and the second					
CERTIFICA	19A. DATE OF OPERATION 19B. CONDITION F WAS PERFORMED	OR WHICH OPERATION	20A. AUTOPSY? (Yes or No)	208, IF YES, WERE FIND	DINGS CONSIDERED S OF DEATH?			
11	OR CONTRIBUTING TO CALLER	218 PLACE OF INJURY (e.g., fr home, form, foctory, street, of etc.)	n or obout 21%, WHERE DID	(If In Boltimore Cit	ity, give exoct locotion)			
MEDICAL	21 D. TIME (Month) (Doy) (Year) (Hour) OF INJURY (APPROX.)	21 E INJURY OCCURRED  While At Not While Work At Work		RY OCCUR?				
	22. I certify that (I) (this hospital) attended the deceased fram 3/12/72 19 ta 3/12/72 19							
	that (1) (we) last saw the deceased alive an 3/2 19 72 and that in(my) (aur) apinion death accurred an the date							
	and haur and fram the causes stated abave. (1) (We) (did) (did not) view the body after death.  23A. SIGNATURE							
	Rusuma Vruksa 23C. PHYSICIAN'S	DEGREE Phys	. L.J Director L.J P	hoff 238	3/12/72			
	NAME (Typel/KUSUMA PRU	KSAPONG M.D.	ANATOMY BOA	RD OF MAI	RYLAND			
24.	A. BURIAL CREMATION, 24B. DATE 240  REMOVAL (Specify) 3-20-72	C. NAME of CEMETERY OF CRE	TOENS HOPKIN	S MEDICAL	SCROOL (Stote)			
25.	AR 22 1972 Rober & Jakob	ALO, 2 0	25C. FUNERAL DIRECTOR	SERVICE -	BCHD			
VS	150-REV. 1/1/68							

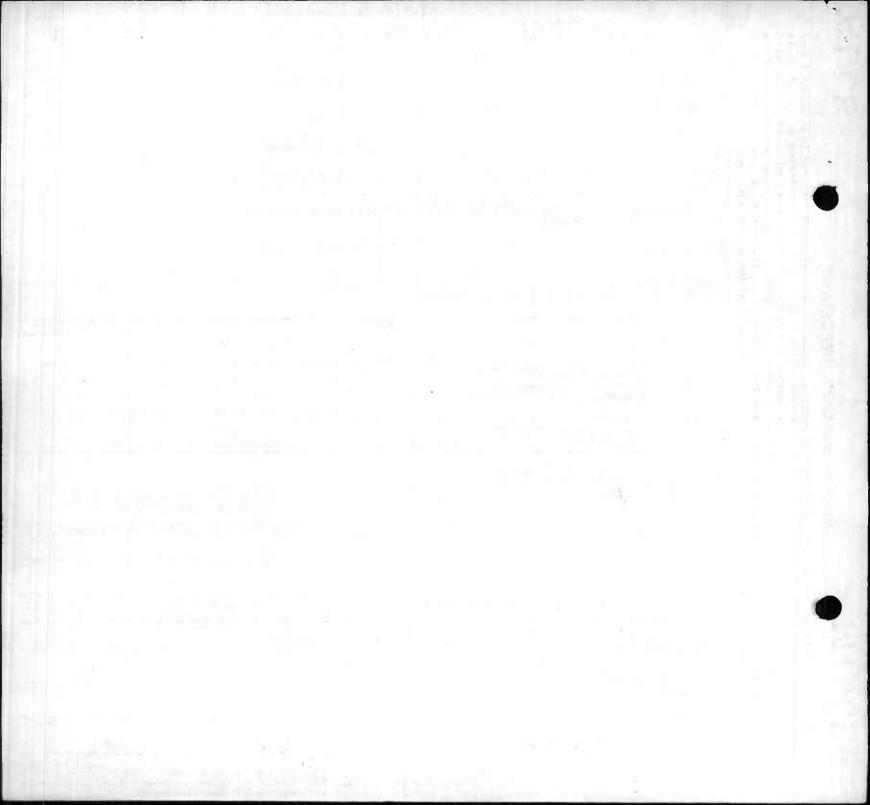


BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH and the Such death Deceased I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) 0 THOM PSON hospital death. of 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived, if institution; residence before attendance B. COUNTY (2) cause FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) C. CITY OR TOWN (4) Undetermined cause; O 40 D. INSIDE CITY LIMITS? Ballimore NO YES 1/ are lana Hospilal prior contributing E. STREET AND NUMBER occurred is made. in regular 5. SEX 8. DATE OF BIRTH 9. AGE (In yours II Under 1 Yr. MARRIED NEVER MARRIED If Under 24 Hrs. deceased Hours lost birthdov Months! Dovs WIDOWED DIVORCED 10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or legging country) 12. CITIZEN OF WHAT COUNTRY? disposition death done during most of working life, even if retired) 0 SID 13. FATHER'S NAME the 14. MOTHER'S MAIDEN NAME direct assistant if de mona eath 0 kind; 15. Was Discoosed Ever in U. S. Armed Forces? 16. SOCIAL 17. INFORMANT final ADDRESS (Yes, no or unknown! (II yos, give wer or dotes of service! SECURITY NO. attendance duy pronounced 0 CAUSE OF DEATH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY embalmed fracture of LEADING TO DEATH (A) IMMEDIATE CAUSE (This does not mean the made al dying, e.g., DUE TO, OR AS A CONSEQUENCE OF hearl loilure, asthenia, etc. It means the disease, examiner. regular injury or camplication which caused death. ANTECEDENT CAUSES who are 4 DISEASES OR CONDITIONS, il ony, giving rise to the obove cause (Al stoling the 3 2 physician the remains UNDERLYING CONDITION Iosi. the chief medical medical MOS burns; н CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING physician TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). (2) Body 20A. AUTOPSY? (Yes or No) 20R. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 19A DATE OF OPERATION 198 CONDITION FOR WHICH OPERATION the O WAS PERFORMED efore by 21 A. A CCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF where 218. PLACE OF INJURY (e.g., in or obout 27C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? (If In Boltimore City, give exact location) to the hospital Ŷ MEDICAL DEATH (notify medical examined any nature; 9 obtained 21D. TIME OF INJURY 21E INJURY OCCURRED (Month) (Doyl (Yeor) (Hour) 21 F. HOW DID INJURY OCCUR? 9 Pevos (except Not White While At (APPROXI and At Work 22. I certify that (F) (this hospital) attended the deceased from 7 2 90 that (f) (we) last saw the deceased alive on and that in (my) (aur) apinion death occurred an the date of hospital death) This certificate must be and have and from the causes stoted above. (4) (We) (did) (did-not) view the body after death. he body was released must (1) An accident 23A. SIGNATURE Attending [ 0 approval Phys. O 23C. PHYSICIAN'S NAME (Type) 23D. ADDRESS prior ŧ . DEGREE 24A. BURIAL CREMATION, REMOVAL (Specify) 24B. DATE 24C. NAME OF CEMETERY OF CREMATOR D.0. pespese shows: Mas 25A. DATE REC'D BY HEALTH DEPT.



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death). Such

1	100	BALTIMORE CITY	HEALTH DEPARTMENT		1			
BI	NTH NO. 172-0334, 02824	CERTIFICA	TE OF DEATH	REG. NO.	72 02824			
	NAME OF DECEASED DWOREK	804	1	- 1: 10 PM 7	12			
3.	PLACE IN BALTIMORE, MARYLAND, WHERE PR	ONOUNCED DEAD		re deceased lived. If in	Anstitution: residence before admission			
H	JLL NAME OF (IF NOT IN HOSPITAL OR IN ADDRESS OR LOCATION) STITUTION	C. CITY OR TOWN		DE CITY LIMITS?				
15	South BAITO. Ge	BALTIMON		YES NO				
1	3001 S. HANOVER		E. STREET AND NUMBER	1771KGS	72			
	WIDO	RIED NEVER MARRIED DIVORCED DIVORCED	3-5-10	9. AGE (In years lost birthdoy)	II Under 1 Yr. 11 Under 24 Hrs. Months Days Hours Min.			
do	USUAL OCCUPATION (Give kind of work 10B, KIN to during most of working life, even if refined)	O OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State of fore	gn country)	12. CITIZEN OF WHAT COUNTRY			
13.	FATHER'S MAME MANAGE	110	14. MOTHER'S MAIDEN NAI	y Ellio	7			
15. (Ye	Was Decreased Ever in U. S. Armed Forces?	icel 16. SOCIAL SECURITY NO.	17. INFORMANT	9 - 1110	ADDRESS			
F	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	CAUSE OF DEATH	ma turity	(25100	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH  M ) One hour			
	(This does not mean the mode of dying, heart failure, asthenia, etc. It means the dise injury or camplication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, gives to the above cause (A) stating UNDERLYING CONDITION last.	Re Squi	A CONSEQUENCE OF	ess Fynds	me			
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO THE TERMIN DISEASE OR CONDITION GIVEN IN PART 1 (A).	NG VAL	***************************************		•••••••••••••••••••••••••••••••••••••••			
CERTIFICATIO	19A-DATE OF OPERATION 19B CONDITION F WAS PERFORMED	OR WHICH OPERATION	20A. AUTOPSY? (Yes or No	208, IF YES, WERE F	FINDINGS CONSIDERED USES OF DEATH?			
EDICAL CE	21A ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical exomines)	21& PLACE OF INJURY (e.g., ir home, farm, foctory, street, off etc.)	or about 21 C. WHERE DID	(If In Boltimore	e City, give exact location)			
MEDI	21D-TIME (Month) (Doy) (Yeor) (Hour) (APPROX.)	21E INJURY OCCURRED While At Not While Work Not Work		URY OCCUR?				
	22. 1 certify that (1) (this hospital) attend			972 10 5/5				
	that (1) (we) last saw the deceased alive on 3/5 and that In(my) (our) opinion death occurred on the date and hour and from the causes stated above. (1) (We) (did) (did not) view the body ofter death.							
	23A. SIGNATURE Deligie	Atter		Shoff Phys.	23R DATE SIGNED 3/5 72			
	23C. PHYSICIAN'S NAME (Type) DR ANTE C	DEGREE	3D. ADDRESS	· C . H .				
24/	BURIAL CREMATION, 24B. DATE 240 REMOVAL (Specily)	C. NAME OF CEMETERY ALCHE	ATOMY BOAR	DAGE MAR	y away ar aboutyl (State)			
25/	A. DAYE REC'D BY HEALTH DEPT. 258. NA	ME OF REGISTRAR JOH	INS. HOPKINS.	MEDICAL	SCROOL			
VS	AR 9 9 1972 BR. 8 8 150-REV. 1/1/68	**** 0 D	MORTUARS	SERVICE	BCED -			



1	1	-600			BALTIMORE CITY	HEALTH	DEPARTMENT		פפי	02825
4	BIRTH	NO.	72	02825	CERTIFICA	TE C	F DEATH	REG. NO	15	UZOZU
	1.NA	ME OF DECE	STELLA	TER	RY			MARCH 19,	11111	8:15 A <sub>M</sub>
to death.	3. PL	ACE IN BALT	IMORE, MARYLAND, WI	HERE PRONO	UNCED DEAD	4. USUA	E B. COUN'	TY	institution:	residence before odmission)
0	FULL	NAME OF	(IF NOT IN HOSPITA ADDRESS OR LOCA	AL OR INSTIT	UTION, GIVE STREET	- CITY	MARYLAN		SIDE CITY	1100
	INST	TUTION				C. CITY	OR TOWN  BALTIMO		SIDE CITY	I NO
1	70		WN NURSING HO F. PAUL STREE			E. STRE	ET AND NUMBER			
							5 N. CHARLE			
	5. SE)				NEVER MARRIED DIVORCED		1	9. AGE (In years lost birthdoy)	Months	er I Yr. If Under 24 Hrs. Doys Hours Min.
		MALE	PATION (Give kind of work	WIDOWED	BUSINESS OR INDUSTRY		17 1915 HPLACE (Stote or foreign	56 gn country)	12. CIT	TZEN OF WHAT COUNTRY?
	done	SECRETA	vorking lile, even if retired)	OFFI	CE	NE	W YORK, NEW	YORK		USA
1		THER'S NAM				14. MO1	HER'S MAIDEN NAM			
		RRIS	ALDRICH				HANNAH COH	EN		
			(If yes, give wor or dotes		SECURITY NO.	17. INFO		1C 100 W	7(41	ADDRESS
	N	0			062-09-5988		RSIDE CHAPE	13, 180 W.	/0 CII	ST. NEWYORK100
	ATION	THER SIGNIF O THE DEATH	OR CONDITIONS, if of obave couse (A) CONDITION lost.  I CONTROLLING CONDITIONS CONDITIONS CONDITION GIVEN IN PART	NTRIBUTING TERMINAL	(C)		AUTOPSY? (Yes or No.	V 200 IF ME MED		
	CERTIFIC	A. DATE OF	OPERATION 198. CON	ORMED	WHICH OPERATION	20A.		IN CERTIFYING C		
	4 C	R CONTRIBU	NT WAS UNDERLYING TING CAUSE OF medical examiner)	218 hon etc.	PLACE OF INJURY (e.g., ne, form, foctory, street, (	in or obou office bldg.	21C. WHERE DID	(If in Boltim	ore City, gi	ive exoct locotion)
	1 2 0	ID. TIME F INJURY APPROX.)	(Month) (Doy) (Yeor)		INJURY OCCURRED  ile At  Not Whi		21F. HOW DID INJ	URY OCCUR?		/
	2	2. I certify	that (1) (this hospital	) ottended t	he deceosed from		171	19/2-10	3/19/	
			last saw the decease				72 and the	at in (my) (aur) o	pinlon de	ath accurred an the dote
		nd hour one		ed above. (	1) (We) (did) (did nat)	view the	body after death.		23 B. D.A	ATE SIGNED
			Joseph S. 1	Thu	DEGREE Ph	ending 📝	Med. Director	Staff Phys.		3/19/72
	2	NAME (%	S pe			23D. ADE		DM GMDEEM	DAIMI	
	244	BURIAL CRE	DR JOSEPH		M DEGREE		15 N. CALVE			or county) (Stote)
		REMOVAL (S	Specify)	70 00	242 2424	EMAIOKI			- iny, lown,	
	The second second	MOVAL/E		/2   CE  258 NAME	DAR PARK	25C.	FUNERAL DIRECTOR	RAMUS, N.	J.	ADDRESS
written	1 1973	111 66	MIP DOGGET	1	G-Bet Traff	90	I FEVENCON	& BROS 601	O REIS	TOTAL DESCRIPTION OF THE PROPERTY OF THE PROPE

VS 150-REV. 1/1/68

SITUATION I, SHEET IS E TIME IN CHARLE PRINTED IN SELL AND RELATED BY THE IDEAL SINGS COLUMN TRANSPORT A DESCRIPTION OF SERVICE SERV

THE PROPERTY OF STREET, STREET

White M. A. A. L. L.

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This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.
This certificate the body was r shows: (1) An acwas D.O.A. at a deceased prior written approven

	4-216 72 02826		HEALTH DEPARTME		72 02826
811	TH NO.	CERTIFICA	TE OF DEA	TH REG. NO.	
	PAME OF DECEASED		2. D	ATE AND HOUR OF DEATH	
	HOCHBEKG, IDEL		113	8th MARCH 19	72 6-15 A
11	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCE	D DEAD	4. USUAL RESIDENCE	E (Where deceased lived, If inst	titution: residence before admission
FL Hi	LL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION STITUTION ADDRESS OR LOCATION)	I, GIVE STREET	MARYLAN C. CITY OR TOWNS A		E CITY LIMITS?
4	SINAL HOSPITAL OF BA	LTIMORE	E. STREET AND NUM	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	YES NO
	42			NELLEN DRIVE #21	.208
5.	EX 6. RACE 7. MARRIED N	EVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under 24 Hrs.
1	MHITE WIDOWED X	DIVORCED	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	TYPE THE TAX OF	Months Doys Hours Min.
dos	during most of working lile, even if retired)	MESS OK INDUSIKI	II. BIRIMPLACE (State	or foreign country)	12. CITIZEN OF WHAT COUNTRY?
L	PROPRIETOR REAL EST	ATE	RUSSIA		U.S.A.
13.	FATHER'S NAME		14. MOTHER'S MAID	EN NAME	
16	HYMAN AARON HOCHBERG		MARY	?	
(Ye	, no of unknown! (If yes, give wor or dotes of service)	OCIAL ECURITY NO.	17. INFORMANT		ADDRESS
_	NO 218			OCHBERG, 4 WHISP	PERWOOD CT. #21208
	DISEASE OR CONDITION DIRECTLY	CARD 10-	PULMONA	RY FAILUR	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	LEADING TO DEATH	(A) IMMEDIATE CAU		/	
	LANGUE CATHON ARENEWED TO Sees.	DUE TO, OR AS	CONSEQUENCE OF:		
	injury or complication which caused denth.				
	ANTECEDENT CAUSES M. Z.	CHRON	14 CONG	ESTIVE FAILU	RE
	DISEASES OR CONDITIONS X1MINATE giving	DUE TO, OR AS	A CONSEQUENCE OF	BRILLATIO	
	rise to the above couse (A) stating the UNDERLYING CONDITION last,	A AUR	1 CU LLAR !	-IRKITTH 110	2
	14	(c)	AS	CAD	
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL	210	65 he	•)	
	DISEASE OF CONDITION GIVEN IN DARK & (A)		6/ 400		*****************************
ERTIFIC	194-DATE OF OPERATION 198. CONDITION FOR WHICH	TURE ( L) HI	20A. AUTOPSY? IYes	No 208, IF YES, WERE FIN	DINGS CONSIDERED
E /	1994 DATE OF OPERATION 1198 CONDITION FOR WHICH	PROSTHES	is		ES OF DEATH!
AL C	OR CONTRIBUTING CAUSE OF home, form	E OF INJURY leaga in	or obout 21 C. WHERE	DID (II In Boltimore (	City, give exect location)
O	DEATH (notify medical examined etc.)	J. H.	4601	Pall Mall	1 That
MEDI	OF INCLUST	RY OCCURRED	21F. HOW DI	ID INJURY OCCUR?	
2	JAPPROX.) 3-/5-72 While At Work	Not While	1 fee	L	
	22. I certify that (1) (this hospital) attended the dec	eased from	3117172	19 <b>7.2</b> to	19
	that (1) (we) last sow the deceased olive on 31		19		on death occurred on the date
	and hour and from the causes stoted above. (1) (We)	, .		and that in (my) (out) opinio	on death occurred on the date
	23A. SIGNATURE	(did) (did not) VI	ew the body offer de		
	071:00	Atten	ding Med.	- CONTROL NO	BR. DATE SIGNED
	22C PHYSICIANS	DEGREE Phys.	Director	Shoff STAFF	3/18/72
	23C.PHYSICIAN'S NAME ITypel	2:	D. ADDRESS		
	DR SALEEN	Decer-			
24A	Attendant commenced	CEMETERY OF CREA	AATORY 2	4D. LOCATION (City.	lown, or county! (Stole!
	BURIAL 3-19-72 SHOMREI	ΔΠΔΤΗ		ROSEDALE, MARYLA	
25A	DATE REC'D BY HEALTH DEPT. 258 NAME OF REG				ACCORD 0
	MAR 22 1972 Pale & Jalley 20		SOL LEVINSO		REISTERSTOWN ROAD
VS 1	50-REV. 1/1/68 / 8- 0. 7				

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This certificate must be approved by the chief medical examiner ar his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was in regular attendance on the was D.O.A. at a hospital (except where the physician who pronaunced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BALTIMORE CITY HEALTH DEPARTMENT

REG. NO	72	02828
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H-621 mg	1200	8 CERTIFICA	TE OF D	EATH	REG. N	o72	0282	8		
BIRTH NO.	UKOK	8 521(11116)		2. DATE AN	ND HOUR OF D	EATH				
(Type or Print)	DCHEELD						10:1	5 A 44		
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD					MARCH 17, 1972 10:15 A. N  4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE B. COUNTY  MARYLAND				
FULL NAME OF HOSPITAL OR ADDRESS OR LOC		TION, GIVE STREET	C. CITY OR TO		D	. INSIDE CITY	-			
SINAI HOSPITAL	BALTIMORE YES NO									
tx			1		CREST AVE					
5. SEX 6. RACE WHITE	WIDOWED		8. DATE OF BIR			83 Month	s Doys Hour			
10A. USUAL OCCUPATION (Give kind of wo done during most of working life, even if retired)					eign country)	12. CI	TIZEN OF WHA			
MERCHANT  13. FATHER'S NAME	RETA	IL	RUSSIA		ME			USA		
			TOB		?					
15. Was Deceased Ever in U. S. Armed Fo (Yes, no or unknown) (If yes, give war or do		16. SOCIAL SECURITY NO.	17. INFORMAN	T			ADDRESS			
NO			MR. WILL	TAM HTE	SHEELD	3604 BA	RRERRY C	T. #2120		
(This does not mean the mode of heart failure, asthenio, etc. It mean injury or complication which cause ANTECEDENT CAUSE DISEASES OR CONDITIONS, if rise to the above cause (A) UNDERLYING CONDITION lost.	s the disease, d doath.) S	(B) Ar	A CONSEQUENCE S A CONSEQUEN	lerosi	2		Few	years		
OTHER SIGNIFICANT CONDITIONS CONDITIONS TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION GIVEN IN PA	THE TERMINAL	Ca	ucinon	na of p	rostate c	Metata	Seve	rdyrs		
U 19 A. DATE OF OPERATION 19B. CO		HICH OPERATION	20 A. AUTOP	SY? (Yes or N	O) 20B. IF YES,	WERE FINDING	S CONSIDERE	D		
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21 B. home etc.)	PLACE OF INJURY (e.g., e, form, foctory, street, c	in or obout 21 C. V	WHERE DID	(If in B	altimore City, (	give exoct location	on)		
OF INJURY (APPROX.) (Month) (Doy) (Yeor		INJURY OCCURRED  Port White At Work	le	OW DID IN	JURY OCCUR?					
22. I certify that (1) (this haspite that (1) (we) last saw the decease	sed alive an	3/17	1977	and th	.19 <u>5 2</u> ta hat in(my) (au	3/17 ir) apinian de	eath accurred	19.7.2 an the date		
and haur and from the causes st		(We) (did) (did nat)	view the bady	after death.		23 B, D	ATE SIGNED			
Samuel Mo	Vison	DEGREE Phy	rs.	Med. Director	5 toff Phy s.	3	17/72			
23C. PHYSICIAN'S NAME (Type)	EL MORRIS	SON	23D. ADDRESS 11 E. (	HASE ST	TREET					
24A. BURIAL CREMATION, 24B. DATE		ME of CEMETERY OF CR	1		LOCATION	(City, town	, or county)	(Stote)		
REMOVAL (Specify)		THE AMERICA CAR			ALTIMORE	MARYI.A				

SOL LEVINSON & BROS.,6010 REISTERSTOWN ROAD

VS 150-REV. 1/1/6B

25A. DATE REC'D BY HEALTH DEPT

TO PRINCIPLE OF THE PROPERTY OF THE PARTY OF the state of the s of a superior in the superior Management treet with a rest of the last

8-425	BALTIMORE CITY	HEALTH DEPARTMENT	4	70 .
BIRTH NO. 72 0	2829 CERTIFICA	TE OF DEATH	REG. NO	72 02829
I. NAME OF DECEASED		2. DATE AN	D HOUR OF DEATH	
SCHLACHMA	N, MORRIS		19-72	3-05Pm.
3. PLACE IN BALTIMORE, MARYLAND, WHER	E PRONOUNCED DEAD	A. STATE B. COUN	e deceased lived. If in	stitution: residence before admission)
II NOSHIAL OK ADDRESS OR LOCATION	OR INSTITUTION, GIVE STREET	MARYLAND	1271270	5 300
SINAL HOSPITAL		C. CITY OR TOWN  BALTIMORE		DE CITY LIMITS?
INC., BELVEREI	RE AVENUE	E. STREET AND NUMBER		YES NO
BALTIMORE, MAR	4LAND 21215	4002 81.	VINCENT	RD. BALTO, 21215
5. SEX 6. RACE 7. N	MARRIED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs. Months; Doys Hours; Min.
	DOWED DIVORCED	$  O_1 - X D S D C - 18'8'7  $	0-11	Womas Doys Hoors Williams
10A. USUAL OCCUPATION (Give kind of work 10B. done during most of working life, even if retired)	KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or lorei	gn country)	12. CITIZEN OF WHAT COUNTRY?
MERCHANT	RETAIL	POLAND		USA
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAM	A.E.	
UNKNOWN		UNKNOWN		
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or doles of	service) 1 6. SOCIAL SECURITY NO.	17. INFORMANT SIDNEY		ADDRESS
NO		MR. XXXX SCHLA	CHMAN, 2208	SHEFFLIN CT. #21209
18. 444.21	CAUSE OF DEATH	•		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECT		MESENTERIC	ARTERY TH	ROMERCIS 20 HOURS
(This does not mean the mode of dyin heart failure, asthenia, etc. It means the	disease.	SE A CONSEQUENCE OF:		CAPPROX.
injury or complication which caused deat  ANTECEDENT CAUSES		RALISED ARTE	ALA SCIEDA	15
DISEASES OR CONDITIONS, if any,	(B) DUE TO OR AS	A CONSEQUENCE OF:	KIDZCTEKOZ	1/2
rise to the above cause (A) stati	ing the	A CONSEQUENCE OF:		
THE CONDITION (dst.	(C)	******		***************************************
O OTHER SIGNIFICANT CONDITIONS CONTRIB	BUTING CONTO	STIVE HEART !	CALLORE	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO THE TEN	1).	STIVE HEART	FRILURU	
19A DATE OF OPERATION 19R CONDITION WAS PERFORM	N FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or No)	208. IF YES, WERE F	INDINGS CONSIDERED
U 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	218 PLACE OF INJURY (e.g., in	or obout 21 C. WHERE DID	lif la Roltimara	City, give exact location)
OR CONTRIBUTING   CAUSE OF DEATH (notify medical examined	home, farm, factory, street, olf	ice bldg. INJURY OCCUR?	pr ar bonniore	City, give exoct loconon;
OF INJURY (Month) (Doy) (Yeo) (Ho	out 21E INJURY OCCURRED	21F. HOW DID INJU	RY OCCUR?	
(APPROX.)	While At Not While Work		and the state of t	
22. I certify that M (this hospital) atte		3-18- 19	72 to 3	1972
that (i) (we) last saw the deceased all				Ian death occurred an the date
and have and from the causes stated a	bave. (1) (Wa) (did ) (did pot) vi	ew the body after death.		The desired divine daile
23A. SIGNATURE	to (did)			23 B, DATE SIGNED
Chustrat D. Ta	Mily Ma FR.C.S. Atten	ding Med. S	hoff hys.	3-19-1972
23C. PHYSICIAN'S NAME (Type)	2	3D. ADDRESS		
KHUSHAL DEVARAM	PATIL, MD DEGREE	SINAL HOSPIT.	AL UP IST	ALTIMORE, INC.
24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	24C. NAME of CEMETERY of CREA			, town, or county) (Stote)
BURIAL 3-20-72	BETH TFILOH		LTIMORE, MA	RYLAND
MAR 9 9 1972	NAME OF REGISTRAR	SOL LEVINSON E	BROS 6010	ADDRESS REISTERSTOWN ROAD
WYK XX TAIL TISSUES AND		TO A TIMOUT A	DR00.,0010	TOTOTORIN NOND

More appropriately the later to be the Last

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

	B-622	2020		HEALTH DEPARTMENT	REG. NO	72 02830
1,	NAME OF DECEASED	2830	<u> </u>	172/41	AND HOUR OF DEATH	
(1)	Brozowsky	anna				2 1 4/22 04
3.	PLACE IN BALTIMORE, MARYLAND, WHE			4. USUAL RESIDENCE (W.	here deceosed lived. II in	3 4/23 P.M. stitution: residence below odmission)
II H	JLL NAME OF OSPITAL OR ADDRESS OR LOCATION	OR INSTITUTION	N, GIVE STREET	MARYLAND c. CITY OR TOWN	D. INSI	DE CITY LIMITS?
1	Sinal Hospital of	BaTT. I	N(.	BALTIMORE E. STREET AND NUMBER		YES NO
					YRINTH ROAD	
	TEMALE WHITE V	VIDOWED [	DIVORCED _	8. DATE OF BIRTH	9. AGE (In years lost birthdoy)	Il Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.
10.	A. USUAL OCCUPATION (Give kind of work 10) ne during most of working life, even il retired)	R, KIND OF BUS	INESS OR INDUSTRY	11. BIRTHPLACE (Stote or lo	reign country)	12. CITIZEN OF WHAT COUNTRY?
	HOUSEWIFE	AT HO	ME	POLAND		USA
13.	FATHER'S NAME			14. MOTHER'S MAIDEN N	AME	0071
	ABRAHAM WOLF FISHMA	AN		GITTEL ?		
15. (Ye	Was Deceased Ever in U. S. Armed Forces's, no or unknown) (II yes, give wor ar dates of	service) 16.	SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
	NO			AD ARDAHAM RDO	70WSKY 4011	LABYRINTH ROAD #15
	DISEASE OR CONDITION DIRECT	50.9	CAUSE OF DEATI		DECHORI, 4011	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	LEADING TO DEATH	161	(A) IMMEDIATE CAU	SE CVa		7 Ans
	IThis does not mean the mode of dy heat laiture, asthenia, etc. It means the injury or complication which caused de	disease,	DUE TO, OR AS	CONSEQUENCE OF:	***************************************	
	ANTECEDENT CAUSES		Hypo	JENERAL DIN	6100	300 01 1100 15
	DISEASES OR CONDITIONS, if any			A CONSEQUENCE OF:	2/05	mary year
	UNDERLYING CONDITION lost.		(C)			
ATION	OTHER SIGNIFICANT CONDITIONS CONTR TO THE DEATH BUT NOT RELATED TO THE T	ERMINAL				
ERTIFICA	19A. DATE OF OPERATION 19B. CONDITION WAS PERFORE	ON FOR WHIC	H OPERATION	20A. AUTOPSY? (Yes or I	10 208 IF YES, WERE F	INDINGS CONSIDERED ISES OF DEATH?
CALC	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notity medical examiner)	218, PLAC home, (or etc.)	CE OF INJURY (e.g., ir rm, loctory, street, of	or obout 21C. WHERE DID	(II in Boltimore	City, give exoct locotion)
MEDI	21D-TIME (Month) (Doy) (Year) II- OF INJURY (APPROX.)	While At	JRY OCCURRED  Not White At Work	21F. HOW DID IN	IJURY OCCUR?	
	22. I certify that (1) (this hospital) at			nosch II	197) to M	erch 18 19 32
	that (1) (we) lost sow the deceased o		march 2	- 7	The second secon	Ion deoth accurred an the date
	and hour and from the couses stated	-	(did) (did nat) vi			and the day
	23A. SIGNATURE					23B, DATE SIGNED
	Jack Bellock	m	Atter	ding Med.	Shaff Phys.	3/18/72
	23C. PHYSICIAN'S (MAME IType)  JACK POL	LOCK		3D. ADDRESS SINAI		
24	A. BURIAL CREMATION, 24B. DATE	24C.NAME	OF CEMETERY OF CRE	MATORY 24D.	LOCATION (City	r, tawn, or county) (Stote)
	BURIAL 3-20-72		K AMUNO (AR			
25		NAME OF RE	GISTRAR (	25C-FUNERAL DIRECTO	LTIMORE, MARY BROS. 6010	ADDRESS REISTERSTOWN ROAD
VS	150-REV, 1/1/68		-	200 00000000000000000000000000000000000	.,	

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(Ty	TH NO.		UKOU	OI CERTIFICA	TE OF DEATH	REG. NO	
	SOPHIA	SCHERKER LEVI	N			h 18, 1972	5:30 P.
3.	PLACE IN BALT	IMORE MARYLAND, W	HERE PRONO	UNCED DEAD	4. USUAL RESIDENCE (Who	ere deceased lived. If in	stilution: residence before odmission
FU HC	LL NAME OF	(IF NOT IN HOSPITADDRESS OR LOCA	AL OR INSTIT ATION)	TUTION, GIVE STREET	MARYLAND c. CITY OR TOWN	D. INSI	DE CITY LIMITS?
	LEVINDA	LE HEBREW GEI	RIATRIC	CENTER	BALTIMORE E. STREET AND NUMBER		YES NO
_		AND HOSPITAL			BELVEDERE &	GREENSPRING	AVENUES
F	emale	WHITE Human	WIDOWED	NEVER MARRIED	APRIL 15 1889	9. AGE (In years lost birthdoy)	If Under 1 %. II Under 24 H Months Doys Hours Min.
10A don	USUAL OCCU	PATION (Give kind of work orking life, even if retired)	10B KIND O	BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stole or fore	ign country)	12. CITIZEN OF WHAT COUNT
	HOUS	EWIFE		AT HOM E	RUSSIA		USA
13.	FATHER'S NAM	E			14. MOTHER'S MAIDEN NA	ME	
		ANDER SAPERS			EMMA ?		
5. Yes	Wes Deceased I ,no or unknown)	ever in U.S. Armed Fore	ces? s of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
	NO			218-52-4349	MRS. NAOMI HENI	ERSON 2709	HANSON AVE., APT.
	L	OR CONDITION DIR		CAUSE OF DEAT	se Prumo viti		APPROXIMATE INTERVAL BETWEEN ONSET AND DEA
	injury of comp	t mean the mode of sthenia, etc. It means lication which coused NTECEDENT CAUSES	the disease.	DUE TO, OR AS	A CONSEQUENCE OF:		Core Tary
	DISEASES OR	CONDITIONS. II	ony, giving	(B) DUE TO, OR AS	tus ul cu de	4	one mones
	rise to the	obove couse (A) CONDITION last.	stating the	(c) mals	untrition		3 monts
NOL	TO THE DEATH	ANT CONDITIONS CONBUT NOT RELATED TO THE NOTIFICATED TO THE NOTIFICATION GIVEN IN PART	E TERMINAL	MOSSO			
2		PERATION 198 CONE	DITION FOR V	WHICH OPERATION	20A. AUTOPSYTYPE & No	208 IF YES, WERE F	INDINGS CONSIDERED
ERTIFICAL	19A. DATE OF	WAS PERF					
CAL CERTIFICA	19A. DATE OF C 21A. ACCIDENT OR CONTRIBUT DEATH (notify n	WAS UNDERLYING DING CAUSE OF	etc.)	e, form, foctory, street, af	or obout 21 C. WHERE DID		City, give exoct lacotion)
MEDICAL	19A. DATE OF C 21A. ACCIDENT OR CONTRIBUTI DEATH (notify in	WAS UNDERLYING	(Hour) 21E,	INJURY OCCURRED  In At Not White	21F. HOW DID INJ		City, give exocl lacotion)
MEDICAL	21A. ACCIDENT OR CONTRIBUT DEATH (notify in 21D. TIME OF INJURY (APPROX.) 22. I certify the	WAS PERFORMED WAS UNDERLYING DING CAUSE OF nedicol exomined  Monih) (Doy) (Year)	(Hour) 21 E, Whi Wor Ottended th	INJURY OCCURRED  In At Not While At Work  The deceased from Se	21F. How did injust occurs 21F. How did injustember 12	ury occurs	h 18 19 72
MEDICAL	21A. ACCIDENT OR CONTRIBUT DEATH (notify in 21D. TIME ( OF INJURY (APPROX.)	WAS PERFORMANCE OF CAUSE OF CA	(Hour) 21E, Whi Wor ) ottended the	INJURY OCCURRED  IN INDURY OCCURRED  In At Work  The deceased from Serial March 18	21F. HOW DID INJUDENT DETERMINENT 12 19.72 ond the	ury occurs	
MEDICAL	21A. ACCIDENT OR CONTRIBUT OR CONTRIBUT DEATH (notify n 21D. TIME ( OF INJURY (APPROX.)  22. I certify the control ( OF INJURY ( OF INJURY) ( OF INJ	WAS PERFORMANCE OF CAUSE OF CA	(Hour) 21E, Whi Wor ) ottended the	INJURY OCCURRED  IN INDURY OCCURRED  In At Work  The deceased from Serial March 18	21F. How did injust occurs 21F. How did injustember 12	ury occurs	h 18 19 72
MEDICAL	21A. ACCIDENT OR CONTRIBUT DEATH (notify in 21D. TIME ( OF INJURY (APPROX.)	WAS PERFORMANCE OF CAUSE OF CA	(Hour) 21E, Whi Wor ) ottended the	injury occurred  le At Not While k Not Work he deceased from Set March 18 ) (We) (did) (MMXXXX vi	21F. HOW DID INJUDENT OCCUR?  21F. HOW DID INJUDENT DEEMBER 12  19 72 ond the lew the body ofter death.	ury occur? 9 <u>68 to Marc</u> ot in (XuX) (our) opin	h 18 19 72
MEDICAL	21A. ACCIDENT OR CONTRIBUT OR CONTRIBUT DEATH (notify in 21D. TIME ( OF INJURY (APPROX.)  22. I certify the thot (X) (we) le and hour and 23A. SIGNATURE	WAS PERFORMANCE OF LEGICAL EXAMPLE OF LEGICAL EXAMP	(Hour) 21E, Whi Wor ) ottended the	e, form, foctory, street, aff  INJURY OCCURRED  le At Not While At Work  te deceosed from Set  March 18  ) (We) (dld) (MMXXX vi	21F. HOW DID INJUDENT TO THE PROPERTY OF THE P	ury occur? 9 <u>68 to Marc</u> ot in (Xa)() (our) opin	h 18 19 72 Ian deoth accurred on the do
MEDICAL	21A. ACCIDENT OF CONTRIBUT DEATH (notify n 21D. TIME ( OF INJURY (APPROX.)  22. I certify the control of the co	WAS PERFORMANCE OF LEGICAL EXAMPLE OF LEGICAL EXAMP	(Hour) 21E, Whi Wor of the dollars an	e, form, foctory, street, aff  INJURY OCCURRED  Ile At Not While At Work  The deceosed from Set March 18  (We) (dld) (MMXXX vi  Atter Phys.	21F. HOW DID INJUDENT OCCUR?  21F. HOW DID INJUDENT DEEMBER 12  19 72 ond the lew the body ofter death.	ury occur? 9 <u>68 to Marc</u> ot in (XuX) (our) opin	h 18 19 /2 Ian deoth accurred on the do
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(Туре	e or Print)	SOPE	HIA OPP	ENHEI	MER	1	MARCI	1 17, 19	972	- 1	10
3. PI	LACE IN BAL	TIMORE, MARYL	LAND, WHER	E PRONO	UNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, If institution: residence before of A. STATE  B. COUNTY					
FUL	ULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET				MARYLAND PAGE						
	TUTION	ADDRESS	OR LOCATIO	(N)		C. CITY OR TOWN			D. INSI	DE CITY LI	
n	D RELIEBEDE MURGING HOVE					BALTIM ORE YES NE. STREET AND NUMBER			N		
1	BELVEDERE NURSING HOME			3670 FOREST HILL ROAD #21207							
5. SE	X	6. RACE	7.	MARRIED	NEVER MARRIED	B. DATE OF BIRTH	FURES	9. AGE (In y		If Under	1 Yr
FI	EMALE	WHITE		IDOWED				85		Months	Doys H
				KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (Sto	te or fore			12. CITIZ	EN OF W
done		working life, even i EWIFE	it retired)	AT	HOME	BALTIMO	RE. N	MARYLANI	D	US	A
13. F	ATHER'S NA					14. MOTHER'S MAI					
1	TSAA	C BAER				DORA	EDIC	CH			
15. W	Vas Deceased	Ever in U. S. A	Armed Forces?		1 6. SOCIAL	17. INFORMANT	1.1120	OI I			ADDRES
(Yes,		(if yes, give we	or or dotes of	service)	SECURITY NO.	MD CTIDES	ATT T	ODDELEN	CTACCO	7/8/	0 500
1.	NO_	137			219-20-5367 CAUSE OF DEAT	MR. GILBER	Т 1,	OPPENH	EIMER	36/	APPROXI
	heort foilure, injury or con	ostherio, etc. 1 ostherio, etc. 1 nplicotion which ANTECEDENT OR CONDITION o obove cou G CONDITION	II means the h coused dea CAUSES NS, if any use (A) sta	e diseose, oth,) , giving	(B) Re e	A CONSEQUENCE OF	02	e sell	evez eler	e 🔊	107
ATION	heort foilure, injury or con  DISEASES ( rise to the UNDERLYING)  OTHER SIGNIF  TO THE DEAT	osthenio, etc. I pplicotion which  ANTECEDENT  OR CONDITION  G CONDITION  II FICANT CONDITION  THE BUT NOT RELA  ONDITION GIVE	II meons the coused dec CAUSES  NS, if any, use (A) states to the couse of the cous	diseose, oth.) , giving the RIBUTING ERMINAL (A).	(B) DUE TO, OR AS  (C)	a CONSEQUENCE OF	0,	ec sell selv	weg oler.	e iD	(0)
ATION	heort foilure, injury or con  DISEASES ( rise to the UNDERLYING)  OTHER SIGNIF  TO THE DEAT	osthenio, etc. I application which ANTECEDENT CONDITION	II meons the coused dec CAUSES  NS, if any, use (A) states to the couse of the cous	, giving the RIBUTING ERMINAL (A).	DUE TO, OR AS	a consequence of	Un Ves or N	20B. IF YE	s, Were F	ELA FINDINGS USES OF E	CONSID-
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DICAL CERTIFICATION	DISEASES ( rise to the UNDERLYING  OTHER SIGNIF TO THE DEAT DISEASE OR C  19A. DATE OF  21 A. A CCIDE OR CONTRIBUTE DEATH (notify	osthenio, etc. Inplication which ANTECEDENT (CONDITION CONDITION C	It means the h coused dec CAUSES  NS, if any, ise (A) stated to the tenth of the te	, giving the RIBUTING ERMINAL (A).    21 B	(B) DUE TO, OR AS  (B) DUE TO, OR AS  (C) WHICH OPERATION  PLACE OF INJURY (e.g., 1)  PLACE OF INJURY (e.g., 2)  INJURY OCCURRED	20A. AULOPSY? (1) in or obout 21 C. WHER ffice bldg., INJURY 00	RE DID CCUR?		n Baltimore		
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MEDICAL CERTIFICATION	DISEASES (rise to the UNDERLYING) OTHER SIGNIFTO THE DEAD DISEASE OR COPY, DATE OF CONTRIBUTE OF INJURY (APPROX.)	osthenio, etc. Inplication which ANTECEDENT OR CONDITION e obove cou G CONDITION FICANT CONDITION ONDITION GIVE OPERATION INT WAS UNDER JING CAUSE medical examin (Month) (Doyl	It means the h coused dec CAUSES  NS, if any, use (A) stated to the ten ten ten ten ten ten ten ten ten te	e diseose, oth.)  , giving the standard	WHICH OPERATION  PLACE OF INJURY (e.g., interpretation)  PLACE OF INJURY (e.g., interpretation)  INJURY OCCURRED  INJURY OCCURRED  INJURY OCCURRED  At Work	20A. AUTOPSY? (1) in or obout 21 C. WHER ffice bidg., INJURY 00	RE DID CCUR? DID IN.	(If I	n Baltimore	e City, give	e exoct loc
MEDICAL CERTIFICATION	DISEASES ( rise to the UN DERLYING  OTHER SIGNIF TO THE DEAT DISEASE OR C 19.4, DATE OF  21.A. ACCIDE OCHER DEATH (notify 21.D. TIME OF INJURY (APPROX.)  22. I certify that (I) (we)	osthenio, etc. Inplication which ANTECEDENT OR CONDITION OF Obove counces GONDITION ILLEANT CONDITION OF COND	It means the h coused deceased a deceased deceas	, giving the standard	WHICH OPERATION  PLACE OF INJURY (e.g., integration)  INJURY OCCURRED integration in the control of the control	20A. AUTOPSY? () in or obout 21C, WHER ffice bldg., INJURY OC	DID IN.	JURY OCCUR	n Baltimore	e City, give	e exoct loc
MEDICAL CERTIFICATION	DISEASES ( rise to the UN DERLYING  OTHER SIGNIF TO THE DEAT DISEASE OR C 19.4, DATE OF  21.A. ACCIDE OCHER DEATH (notify 21.D. TIME OF INJURY (APPROX.)  22. I certify that (I) (we)	osthenio, etc. Inplication which ANTECEDENT OR CONDITION OF Obove counces GONDITION II FICANT CONDITION OF OPERATION OPERATION OPERATION (Month) (Doyl Thot (I) (this last saw the	It means the h coused deceased a deceased deceas	, giving the standard	WHICH OPERATION  PLACE OF INJURY (e.g., interpretation of the control of the cont	20A. AUTOPSY? ()  and consequence of the consequenc	DID IN.	JURY OCCUR	n Baltimore	e City, give	e exoct loc
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MEDICAL CERTIFICATION	DISEASES ( rise to the UN DERLYING  OTHER SIGNIE TO THE DEAT DISEASE OR C 19A, DATE OF  21 A. ACCIDE OR CONTRIBUT DEATH (notify 21D. TIME OF INJURY (APPROX.)  22. I certify that (I) (we) and have an	osthenio, etc. Inplication which ANTECEDENT of CONDITION	It means the h coused dec CAUSES  NS, if any, ise (A) stated to the tensor of the tens	diseose, oth.)  , giving the RIBUTING ERMINAL (A).  ION FOR MED  21 B hom etc.  Hourl 21 E Wh wo ttended t till ve an  abave. (1	WHICH OPERATION  PLACE OF INJURY (e.g., interpretation of the control of the cont	20A. AUTOPSY? (1) in or obout 21 C. WHER ffice bldg., INJURY Oc.  21 F. HOW  21 F. HOW  21 F. HOW  4 Med.  Med.	DID IN.	JURY OCCUR  19 7 ta hat in (my) (	n Baltimore?	e City, give	e exoct loc
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MEDICAL CERTIFICATION	DISEASES ( rise to the UN DERLYING  OTHER SIGNIE TO THE DEAT DISEASE OR C 19A, DATE OF  21 A. ACCIDE OR CONTRIBUT DEATH (notify 21D. TIME OF INJURY (APPROX.)  22. I certify that (I) (we) and haur and 23A. SIGNATU	osthenio, etc. Inplication which ANTECEDENT of CONDITION of CONDITION of CONDITION of CONDITION of COPERATION  coperation of Cop	It means the h coused dec CAUSES  NS, if any, ise (A) stated to the tensor of the tens	diseose, oth.)  , giving the libuting libuting the libuting libut	WHICH OPERATION  PLACE OF INJURY (e.g., or or of the deceased fram	20A. AUTOPSY? (1)  20A. AUTOPSY? (1)  in or obout 21 C. WHER ffice bldg., INJURY of  21F. HOW	DID IN.  DID IN.  and the death.  TERS7	JURY OCCUR  19 7 ta hat in (my) (	aur) apli	c City, give	th accurr

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This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1/ ==> == ==	BALTIMORE CITY	HEALTH DEPARTMENT		
H-520 72 028	CERTIFICA	TE OF DEATH	REG. NO	72 02833
1. NAME OF DECEASED		2. DATE A	ND HOUR OF DEATH	
John Henry Hanna	ahs	Marc	ch 20, 1972	7:05 A. M.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PROFULL NAME OF (IF NOT IN HOSPITAL OR IN		A. STATE B. COU	ere deceased lived. If in NTY	nstitution; residence before admission)
HOSPITAL OR ADDRESS OR LOCATION)	STATE HOLY, GIVE STREET	C. CITY OR TOWN	D. INS	IDE CITY LIMITS?
00	99-9-6-6-6	Baltimore		YES NO
528 South Ellwo	od Ave		Ellwood Av	re
S. SEX 6. RACE 7. MARE	RIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. , If Under 24 Hrs.
Male White wood	WED DIVORCED	Aug.6,1900	last birthday)	Manths Doys Hours Min.
don. USUAL OCCUPATION (Give kind of work 108, KIN dane during most of working life, even if retired)  Retired  Es:		Maryland	eign country)	U.S.A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN NA	AME	
John William Hannal	ns	Mary Weber		
15. Was Deceased Ever in U. S. Armed Forces? (Yes, na ar unknawn) (If yes, give wor or dates of serv	SECURITY NO.	17. INFORMANT		ADDRESS
No	214-01-4192	Mrs Cather	ine Hannah	ns Same
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (This does not mean the made of dying, heart foilure, osthenia, etc. It means the dise injury or camplication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, girise to the above cause (A) stating UNDERLYING CONDITION last.	ving DUE TO, OR AS A	Arterioscle		dio- 6 yrs.
OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO THE TERMIN DISEASE OR CONDITION GIVEN IN PART 1 (A).	VAL DI	abetes Melli		22 yrs.
19A. DATE OF OPERATION 19B. CONDITION F WAS PERFORMED	OR WHICH OPERATION	20 A. AUTOPSY? (Yes or N	10) 20B. IF YES, WERE	FINDINGS CONSIDERED USES OF DEATH?
OR CONTRIBUTING CAUSE OF  DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., in hame, larm, foctory, street, affi	or about 21 C. WHERE DID ce bldg., INJURY OCCUR?	(If in Boltimor	re City, give exact location)
21 D. TIME   IManih) (Day)   IYear) (Haur) OF INJURY (APPROX.)	21E. INJURY OCCURRED  While At  Nat While  At Wark	21F. HOW DID IN	JURY OCCUR?	
22. I certify that (1) (this hospital) attend	ed the deceased from JU	lly	1950 to Marc	ch 20 1972
that (1) (we) lost saw the deceased alive	Werch 16	19.72 and t		nian death occurred on the date
and haur and from the couses stated abov	e. (1) ( <del>We)</del> (did) (d <del>id not</del> ) vi	ew the body ofter death.		
23A. SIGNATURE	2 ma			23B. DATE SIGNED
Clarence W. Fe	Atten Phys.	ding Med.	Staff Phys.	3/24/72
23 C. PHYSICIAN'S NAME   Type)	2	3D. ADDRESS		
Clarence W Le	eDoux M.D. DEGREE	3023 Easter	n Ave Balt	cimore, Md
	C. NAME of CEMETERY OF CREA			ity, tawn, ar county) (State)
Burial 3/23/72	Oaklawn		ltimore, N	
25A. DATE REC'D BY HEALTH DEPT. 25B. NA	ME OF REGISTRAR	25C. FUNERAL DIRECTO	R	ADDRESS
MAR 22 1972 (166) E 400	enter of the	Deonard J	Ruck Inc.	Baltimore, Md

The state of the s town public nine ned .A.c. v analytics od test test medal scol a miles and marifile mot 是到了一个一种的一种是要有效的。 Clarence v Le our w.D. SEE Entreme ave Ditterne, Del Millore, certification 

00-	36-56
MPORTANT	roved by the chief medical examiner or his assistant if death occurred in a hospital and of the hospital by a medical examiner. Also, if the direct or contributing cause of death only nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased of xcept where the physician who pronounced death was in regular attendance on the
FUNERAL DIRECTOR: IMPORTANT	roved by the chief medical examiner of hospital by a medical examiner. Ay nature; (2) Body burns; (3) A fracture keept where the physician who prom

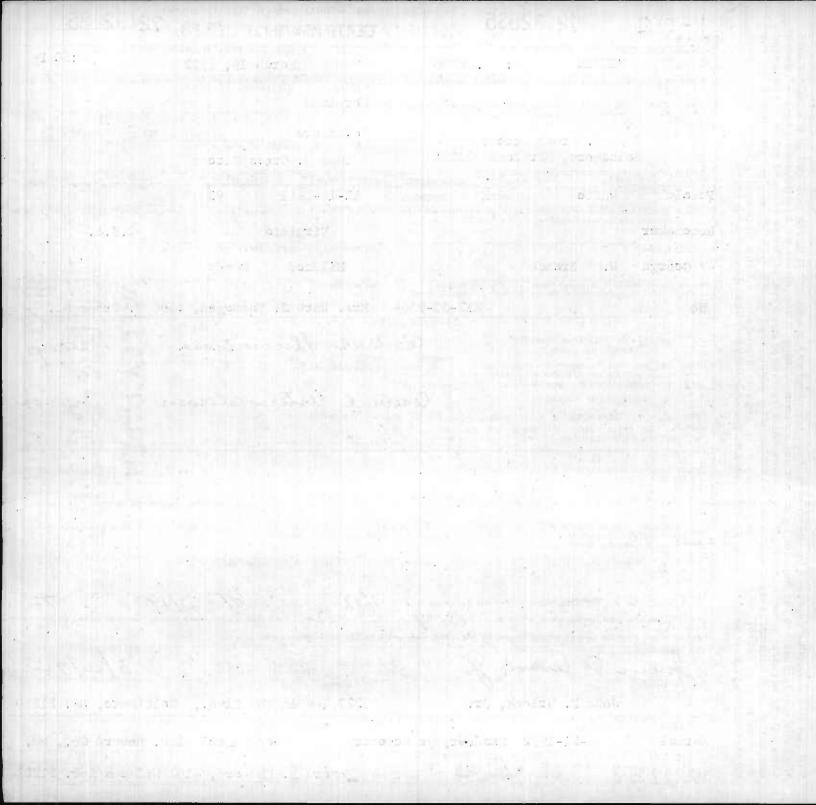
BALTIMORE CITY HEALTH DEPARTMENT 72 02834 REG. NO. CERTIFICATE OF DEATH 02834 Such I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) LUCI 7:50 3/20 death. 4 USUAL RESIDENCE (Where deceased lived, If institution; residence before admission) 3. PLACE IN BALTIMORE MARYLAND, WHERE PRONOUNCED DEAD B. COUNTY A. STATE (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) Pennsylvinia HOSPITAL OR C. CITY OR TOWN D. INSIDE CITY LIMITS? Red Red Loin NO X YES -Baltimore City Hospitals prior E. STREET AND NUMBER 4960 Eastern Avenue 21224 East Avenue Il Under 24 Hrs. disposition is mad 5. SEX 9. AGE (In years 6. RACE 8. DATE OF BIRTH If Under 1 Ya 7. MARRIED K NEVER MARRIED deceased Hous 8-6-39 WIDOWED DIVORCED Caucasian 10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 112. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if refired) U.S.A. New Jersey Homemaker 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME the Marion Sites George Hickman uo 15. Was Deceased Ever in U. S. Armed Forces? (Yes,no or unknown) (II yes, give wer or dates of Service) 17. INFORMANT ADDRESS 6. SOCIAL or final SECURITY NO. 177-30-9335 4940 Eastern "venue attendance NO BCH-Records APPROXIMATE INTERVAL CAUSE OF DEATH BETWEEN ONSET AND DEATH DISEASE OF CONDITION DIRECTLY embalmed LEADING TO DEATH CANMMEDIATE CAUSE / // non (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO, OR AS A CONSEQUENCE OF: regular ANTECEDENT CAUSES DUE TO, OR AS A CONSEQUENCE OF: and (6) No physician was in reobtained before the remains are DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last. 11 CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 208, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 19A-DATE OF OPERATION 19A CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No) 218 PLACE OF INJURY (e.g., in or about 21G. WHERE DID home, farm, factory, street, office bldg, INJURY OCCUR? etc.) 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (If In Boltimore City, give exoct location) MEDICAL DEATH inotify medical examined OF INJURY 21F. HOW DID INJURY OCCUR? (Month) (Doy) (Year) (Hour) 21 L INJURY OCCURRED Not While While At (APPROX.) Work At Work 20 22. I certify that (1) (this hospital) attended the deceased from 19 / 2 to and that in (my) (our) opinion death accurred on the dole that (1) (we) last saw the deceased alive on, eq death) ond hour and from the causes stated above. (4) (We) (did) (did not)-view the bady after death. must 23A. SIGNATUR 238, DATE SIGNED Attending Med. Staff 10 Phys. Phys. approval 23C. PHYSICIAN'S 23D. ADDRESS prior NAME (Type) 4900 Eastern Avenue H.S. Goldberg M.D. Maryland 21221, (City, town, or county) Raltimore 24D. LOCATION 24C. NAME OF CEMETERY OF CREMATORY

the body was released to fl shows: (1) An accident of an was D.O.A. at a hospital (e 24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify) pespese Lower Windsor Township, Pa. 3-24-72 Canadochly Cemetery Burial 258, NAME OF REGISTRAR 25A. DATE REC'D BY HEALTH DEPT. 25C. FUNERAL DIRECTOR \$ 0 Wm. Pook+Brooks Towson, Md. 21204 150-REV. 1/1/66

. 2 2

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.
This certificate must be approved by the chief medicathe body was released to the hospital by a medical shows: (1) An accident of any nature; (2) Body burns;	was D.O.A. at a hospital (except where the physicia deceased prior to death); and (6) No physician was written approval must be obtained before the remain

-2/2	2 72	02835		TE OF DEATH	REG. NO	72 02835
1. NAME OF DEC	MINNIE	M.	JACOBS		and Hour of DEATH	4:50 P
	LTIMORE, MARYLAND, W			4. USUAL RESIDENCE (W. A. STATE B. CO	here deceased lived. If	institution: residence before odmission)
FULL NAME OF HOSPITAL OR INSTITUTION	ADDRESS OR LOCA	AL OR INSTIT	UTION, GIVE STREET	Maryland	D. IN	ISIDE CITY LIMITS?
IN 31110 IION	1006 II 0			Baltimore		YES NO
00	1006 W. Cros Baltimore, M.			1006 W. Cre		
5. SEX	6. RACE	7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs.
Female	White	WIDOWED	DIVORCED	12-14-1881	90	
	working life, even if retired)	108. KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or f		12, CITIZEN OF WHAT COUNTRY
13. FATHER'S NA	ME			14. MOTHER'S MAIDEN N		
Georg	e W. Bran	ch		Mildred	Woody	
S. Wos Deceoses	Ever in U. S. Armed For	ces?	1 6. SOCIAL	17. INFORMANT		ADDRESS 21226
No	n) (If yes, give wor or dote	s of servicel	212-03-9564	1	Hashagen, 10	21230 006 W. Cross St.
rise to the UNDERLYIN	ANTECEDENT CAUSES OR CONDITIONS, if the obove couse (A) G CONDITION lost.        FICANT CONDITIONS CO	ony, giving sloling the	(B)	A CONSEQUENCE OF:	ioreleron	oz orgenia
TO THE DEA	TH BUT NOT RELATED TO TO CONDITION GIVEN IN PARE F OPERATION [198, CON	HE TERMINAL T 1 (A). DITION FOR	WHICH OPERATION	20 A. AUTOPSY? (Yes or	No) 20B. IF YES, WERI	E FINDINGS CONSIDERED AUSES OF DEATH?
	WAS PERI	FORMED			IN CERTIFYING C	AUSES OF DEATH?
OR CONTRIB	NT WAS UNDERLYING UTING CAUSE OF y medicol exominer)	218 hom etc.	ne, form, foctory, street, of	n or obout 21 C. WHERE DID	(If in Boltim	ore City, give exoct locotion)
21 D. TIME OF INJURY (A PPROX.)	(Month) (Doy) (Year)		INJURY OCCURRED	e 🦳	NJURY OCCUR?	
22. I certify	that (I) (This hospital	) attended t	he deceased fram	1/17	1969 10 31	19 1972
			I) (We) (did) (did not) v	nding Med.	that in (my) (our) a	238, DATE SIGNED
23C. HYSICI	ANS	- (	DEGREE	23D. ADDRESS		
VNAME (	John P. U:	rlock,	Jr.	1227 Washingt	on Blvd., I	Baltimore, Md. 21230
24A. BURIAL CRI	EMATION, 248, DATE		AME of CEMETERY or CRE			City, town, or county) (State)
Nurial	3-21-19	972 Mea	adowridge Ceme	tery Wa	shington Bly	vd. Howard Co., Md.
	BY HEALTH DEPT.	25B, NAME	OF REGISTRAR	25C. FUNERAL DIRECT		ADDRESS
MAR 22	- PV-1 - B	The second	MAD O D C	Howard H.	Jubbard, 4107	7 Wilkens Ave. 21229



This certificate must be approved by the chief medical examiner or his assistant it death occurred in a hospital and	the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of deatt	shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the	deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Sucl	are embalmed or final disposition is made.	
This certificate must be approved by the chief med	the body was released to the hospital by a medic	shows: (1) An accident of any nature; (2) Body burn	was D.O.A. at a hospital (except where the physi	deceased prior to death); and (6) No physician w	written approval must be obtained before the remains are embalmed or final disposition is made.	

	1/ 10	λ		BALT	IMORE CIT	Y HEALTH DE	PARTMENT		72	2 02836
BIR	K-22	0	72 028	336 CER	TIFICA	ATE OF	DEATH	REG. NO		
	AME OF DEC	EASED					2. DATE A	ND HOUR OF DEA	ATH	
Пу	pe or Print)		Anthony Vi	ctor Kuja	wski			3/77/72		70-10 P M
3.	PLACE IN BAL		LAND, WHERE PRO			4. USUAL F	B. COU		If institution: r	esidence before admission)
FU	LL NAME OF	(IF NOT I	N HOSPITAL OR IN	ISTITUTION, GIVE	STREET	Md.				0 2
IN	NOITUTION					C. CITY OR	OWN	D.	INSIDE CITY L	
	00	330,	7 Richmond	Azzo		Balt			YES X	NO L
	00	550	1 ICT CHIMORIQ	AVE.			ND NUMBER 7 Richmo	nd Ave., I	Balto. M	ld. 21213
5. 5	SEX	6. RACE	7. MARI	RIED NEVER A	ARRIED	B. DATE OF		9. AGE (In years	If Unde	r 1 Yr. If Under 24 Hrs.
	M	Tol			ORCED	7/2	7/44	lost birthdoy)	Months	Doys Hours Min.
10.4	USUAL OCC	UPATION (Give	kind of work 10B, KIN			Y 11. BIRTHPL	CE (State or for	eign country)	12. CITI	ZEN OF WHAT COUNTRY
		working life, ever					(0.0.0	,,	12. 0	zen er mini eeemiki
	Insul	ator	Eas	tern Cold	Storag	70	Md.			U.S.A.
13.	FATHER'S NA			292.24. 00	2001146	14. MOTHER	'S MAIDEN NA	ME		
10	W	alter Ki	ijawski	11 6 6000144		17. INFORM	a Drapcz	ynski		ADDRESS
(Ye	s, no or unknown	(If yes, give	wor or dotes of serv	1 6. SOCIAL		17. INFORM	ANI			ADDRESS
	no			272-99	7005	Fmm	a Kujawa	ki (wife)	aama	as above
-	1B. / /	A 0			E OF DEAT	TH	a vulans	VI (MILE)	1	APPROXIMATE INTERVAL
	DISEA	SE OF COND	TION DIRECTLY		7 011+	0 0000	n - mrr # 1	combogie		BETWEEN ONSET AND DEATH
	Distr	LEADING TO					nary ci	combosis		30 sec.
	(This daes	nat meon the	mode of dying,	e.g., (A)!N	MEDIATE CA	A CONSEQUE	NCF OF			
	heart failure,	asthenia, etc.	Il means the dise		JE 10, OK AS	A CONSEQUE	NCE OF:			
	injury ar can	nplicalian which	th caused death.)							
		ANTECEDENT	CAUSES	(B)	ACVD				1.1-2-11	6 yrs.
	DISEASES C	OR CONDITIO	ONS, if any, gi	ving DI	JE TO, OR A	S A CONSEQU	ENCE OF:			
			use (A) slaling	the	Pulm	onarv	emphys	ema	-	10 yrs.
	UNDERLYIN	G CONDITION	l last.	(c)		2	T - 2			
		- 11	717-4-4							
NO.			IONS CONTRIBUTI							
ATI			ATED TO THE TERMIT	VAL						
			19B. CONDITION F	OR WHICH OPER	ATION	20 A. AUT	OPSY? (Yes or N	o) 20B. IF YES, W	ERE FINDINGS	CONSIDERED
CERTIFIC	0 /		WAS PERFORMED		-	- N	10	IN CERTIFIE	CAUSES OF	DEATH
ü		NT WAS UND		218 PLACE OF	NJURY (e.g.,	in or obout 21 C	. WHERE DID	(If in Bol	timore City, giv	e exact location)
AL		TING CAU!		home, form, foct	1	office bldg., INJ				
U					(No		, ,	10		
VEDI	OF INJURY	(Month) (Do	y) (Yeor) (Hour)	21E. INJURY OC			HOW DID IN			
ξ	(APPROX.)	m	0	While At	Not Whi			No		
	22 1	1 - 1 (1) (1) :				10 /2		10 70	9/27	10-7/
			hospital) attend				~	.19 70 ta		19 7/
	that (I) (we)	last sow the	deceased olive	on 7/21		19	and t	hat in (my) (out)	aplnian dea	th accurred an the date
	and haur an	d fram the ca	uses stated abov	e. (1) (We) (did	(did not)					
	23A. SIGNATU						,		23B. DA	TE SIGNED
	LI M	sicret	Ranculia	ac 170	AH	ending	Med.	Staff	71	10/12
	11. 11	an gran	Zaneulia	1	aegree Ph		Director L	Staff Phys.	19.	
	23C. PHYSICIA NAME (1	Ivpe)				23D. ADDRES	S			
			Managament (	Zaganha		70	08 D-==		Balti	WOR LLY TRIP
24/	A. BURIAL CRE	MATION, 248.	Margaret 2	C. NAME of CEN	ETERY OF CI	REMATORY	20 Bello	na Ave.	(City, town,	,
	REMOVAL	Specify)	24				240.	- Onlivit	, -ii, io wil,	5. \$50myr (010fg)
	Burial		3/21/72	Gardens	of Fai	th Ceme	terv	Balto. M	d.	
25/	A. DATE REC'D	BY HEALTH	EPT.   258. NA	ME OF REGISTRA	R	25C. EUN	tery JERAL DIRECTO Munek	R TT	-	ADDRESS
AA	R 99 10	72 (V.C.	B & Sheller	ACD 2	0	J Joc	Thunek !			
<b>#</b> 2	150-REV. 1/1/	AR Garage		9 624		5-9		Lane, Balt	o. Md.	
A 2	130-KEV. 1/1/	00								

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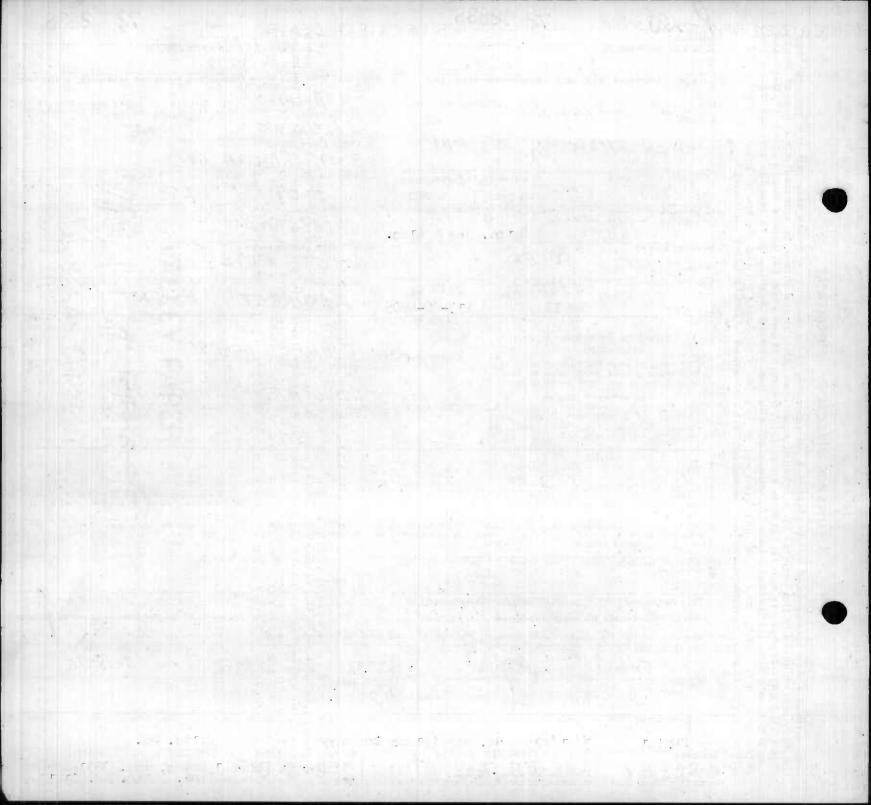
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	approved by the chief medical examiner or his assistant if death occurred in a hospital and to the hospital by a medical examiner. Also, if the direct or contributing cause of death of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased all (except where the physician who pronounced death was in regular attendance on the h); and (6) No physician was in regular attendance on the deceased prior to death. Such be obtained before the remains are embalmed or final disposition is made.
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	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.
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BIR	) -200 TH NO.	72	0283	37 CERTIFIC	CATEC	F DEATH	REG. NO	72 02837	
	AME OF DECEA	SED .				2. DATE A	ND HOUR OF DEATH		
, ,		William H	lenry D	ess. Sr.		Ma	rch 76. 197	2 10:15	Am.
		MORE, MARYLAND, V	VHERE PRONG	OUNCED DEAD	A. STAT	E B. COUI		institution: residenco belare odm	ission)
HC	LL NAME OF	ADDRESS OR LOC	TAL OR INSTI	TUTION, GIVE STREET	c. CITY	OR TOWN	D. IN	SIDE CITY LIMITS?	-
-	00	3108 Clift	tmont A	ve.		AND NUMBER	mt Arro Do	YES by NO	
S. S	EV 14	RACE	7			OF BIRTH	9. AGE (In years	1 to . Md. 21213	4 H.,
J. 2	M	W	WIDOWE	NEVER MARRIED DIVORCED	9	/15/96	last birthdoy)	Manths Oays Hours	Ain.
			10B, KIND	OF BUSINESS OR INDU	STRY 11. BIRTI	IPLACE (State or lore	eign country)	12. CITIZEN OF WHAT COL	UNTRY?
	Store	orking life, even if retired)  Manager	Shepp	ard Blec. Co		Md.		U.S.A.	
13.	FATHER'S NAM	E			14. MO1	HER'S MAIDEN NA	ME		
	Jo	seph Dess				Sugan Caher	and alcome		
IS. (Ye	Was Deceased E	ver in U. S. Armed Fa II yes, give war ar date	rces? es al service)	1 6. SOCIAL SECURITY NO.	17. INFO	Susan Schwa	artzkopi	ADDRESS	
	ves	WW T		276-09-036	7 Fra	nces Dess	(wife)	same as above	
	18. 16.0	1 1		CAUSE OF D		SOCE DODG	(IIII)	APPROXIMATE INTE	
	DISEASE	OR CONDITION DE	RECTLY		1-4		Car	BETWEEN ONSET AND	DEATH
		EADING TO DEATH			CAUSE K	PONCHOGE	NIZ LARC	Noma 6-8 m	an-
	(This does no	I mean the made at	dying, e.g	(A) IMMEDIATE	AS A CONSE		770	~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	
		sthenia, etc. It means licotion which caused		e,					
	A	NTECEDENT CAUSES	5	(B)					
		CONDITIONS, if		9	R AS A CONS	QUENCE OF:			
		above cause (A)	stating th						
	UNDERLTING	CONDITION last.		(C)					
TION	TO THE DEATH	ANT CONDITIONS CO	THE TERMINAL						
CA		DERATION 198 CON		WHICH OPERATION	20 A.	AUTOPSY? (Yes or N	ol 208, IF YES, WERE	FINDINGS CONSIDERED	
CERTIFICATION	0	WAS PER	RFORMED				IN CERTIFYING C.	AUSES OF DEATH?	
MEDICAL C	OR CONTRIBUT	WAS UNDERLYING [ING CAUSE OF nedicol exominer)	ho	B. PLACE OF INJURY (come, larm, lactory, stree c.)	e.g., in ar about t, allice bldg.	21C, WHERE DID INJURY OCCUR?	(II in Saltimo	are City, give exact location)	
O		Manth) (Oay) (Year)	(Hourl 21	E. INJURY OCCURRED		21 F. HOW DID IN	JURY OCCUR?		
Ξ	(APPROX.)				While				
	(ATTROM)		W	/ork	Vork		1/ 1/	1 11 7	
	22. I certify t	hat (1) (this hospita	l) ottended	the deceased fram.	100	wary	19 4 6 to 1	with 16 196	L
	that (1) (we) 1	ast sow the deceas	ed alive on	3-15	J 19	12-1 and 1	hat in (my) (our) as	inian death occurred on th	e dote
				(1) (We) (did) (did no					
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	/	7 - 00	60		Attending	/ Med.	Shaff	3 1500	
		Villeon 1	51 Xe	ours DEGREE	Phys.	Director L	Phys.	19-18-16	
	23C. PHYSICIAN	'S			23D. ADD	RESS			
	THE THE		i am T	Foodis		200° D 2	D	1 1/1 0000	
244	BURIAL CREM	Dr. Will ATION, 248. DATE ecify)		Fearing OEN	CREMATORY	3025 Bel ai	r Road, Bal	to Md. 21213 City, town, or countyl (S	tatel
	Burial	3/20/7	2 H	ly Redeemer	Cemeter	v	Bal to . Mo		
254		Y HEALTH DEPT.		OF REGISTRAR		FLINERAL DIRECTO	D	2239DDA	
		The second secon							
	MAR 29	1977 (12.0	0 3 6	7 750 10 -	0 0	Schimunek	Funeral Hom	es, Inc. 3337 R.	ahma
VS	MAR 22	1372 Wales	2.3.1	7,769 0	0 2	Schimunek	Funeral Hom	es, Inc. 3331 Br	ehms

STATE AND DESCRIPTION OF THE PROPERTY OF THE P The state of the s rote the seek \_\_\_\_\_ turbly \_ sines while the Self-Cl-O. rall 2 . Astronomy to the country to the country to 

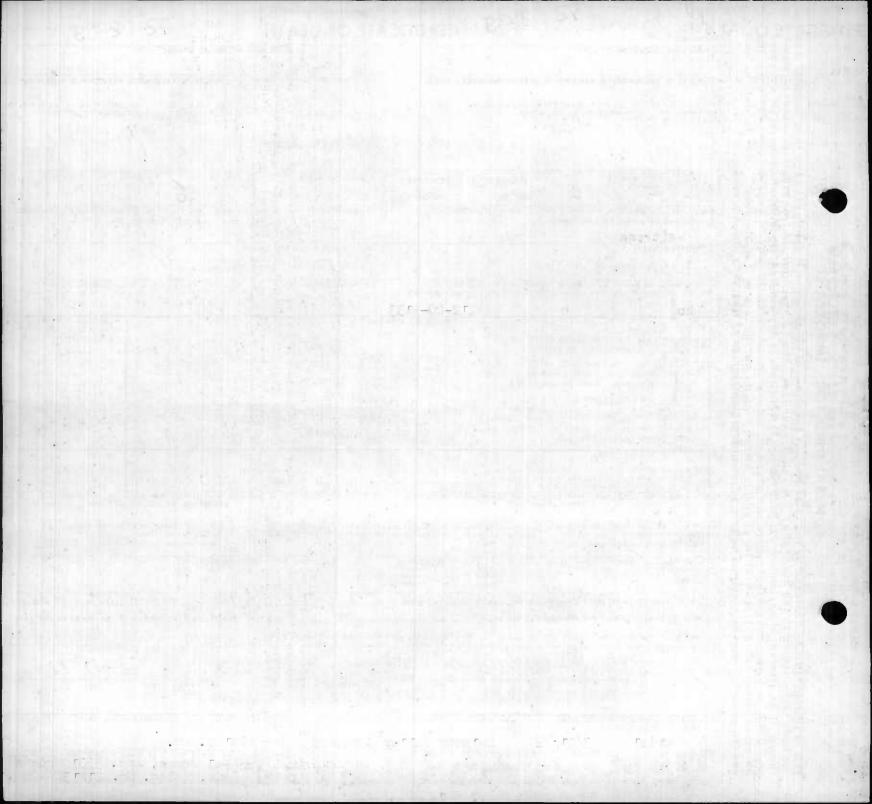
the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

	0 (0)	54	10 00	838 SALTIMORE CITY	HEALTH DEPARTME	NT	<b>20</b> 00000
4	-4d0		12 UR	CERTIFICA	TE OF DEAT	H REG. NO.	72 02838
	TH NO.	***					
	Pe or Print	JOSEPH	POX	EK		3- 18-72	2.05Q M
3.	PLACE IN BALTIA	AORE MARYLAND, W			4. USUAL RESIDENCE A. STATE B.	(Whore deceased lived, If	institution: residence before admission)
HC	LL NAME OF	(IF NOT IN HOSPIT	AL OR INSTIT	UTION, GIVE STREET	HARYLA C. CITY OR TOWN		NSIDE CITY LIMITS?
IN	STITUTION				BALTIKO	RE	YES NO
	UNION	MEHORI	AL HO.	SPITAL	3209 R	BER AHONA AVE	
S. S	SEX H 6.	RACE	7- MARRIED WIDOWED	X MEASY WYKKIED	B. DATE OF BIRTH	9. AGE (In years lost birthdoy) 2	If Under 1 Yı. If Under 24 Hrs. Months Doys Hours Min.
	e during most of wor	ATION(Give kind of world king life, even if retired) REMAW		. Gas & Elec.	HARY L		A HERICAN
13.	MICHA	FL POL			14. MOTHER'S MAIDE	KUTZ	7
15. (Ye:		vet in U. S. Armed For I yes, give wor or dote		1 6. SOCIAL SECURITY NO.	17. INFORMANT	0	ADDRESS
	yes	WW II		213-09-6905	MAKGA	RET PC	ZEK
	18.4/0	41		CAUSE OF DEAT	1		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
		OR CONDITION DI	RECTLY		0.000		SETTING STORY AND SEAT
		ADING TO DEATH		(A)IMMEDIATE CAL	SE CHRDIAC	PAREST	
		meon the mode al thenio, etc. It means		DUE TO, OR AS	A CONSEQUENCE OF:	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	
		ication which caused					2222 20/
	AN	TECEDENT CAUSES		ACUTI	E MYOCH,	RDIAL INF	FIREYROU
	DISEASES OR	CONDITIONS, if	any, giving	DUE TO, OR AS	A CONSEQUENCE OF:		
	rise to the	above cause (A)					
	UNDERLYING	CONDITION losi.		(C)		***********************	
HOL		II ANT CONDITIONS CO BUT NOT RELATED TO T					
CAI	DISEASE OR COM	PERATION 198 CON	RT 1 (A).	WHICH OBSERTION	20A AUTOBOV2 (Ven	or No. 208 te ves we	E EINDINGS CONSIDERED
ERTIFIC	O O	WAS PER	FORMED			IN CERTIFYING	RE FINDINGS CONSIDERED CAUSES OF DEATH?
CALC	OR CONTRIBUTE DEATH (notify m	WAS UNDERLYING DE LOGICOL Exemined	21E hon etc.	RPLACE OF INJURY (e.g., ine, form, foctory, street, of	n or obout 21 C. WHERE fice bldg., INJURY OCC	DID (II In Boltin UR?	nare City, give exact location)
MEDI	21 D. TIME (/	Month) (Doy) (Year)		INJURY OCCURRED		ID INJURY OCCUR?	
2	(APPROX.)		Wi	nile At Not While At Work	° 🗆		
	22. I certify th	not (1) (this hospito	l) attended t	he deceased from	3 - 15	19 72 to	3-18 1972
	that (1) (we) Id	st sow the deceose	ed olive on.	3- 18	19 72	and that in (my) (our)	pinion deoth occurred on the dot
	ond hour ond f	rom the causes sto	ted obove. (	I) (We) (did) (did not) v	lew the body ofter d	eoth.	
	23A. SIGNATURE	1. m	1 1	<del>-</del>			23B. DATE SIGNED
		Juan M. E	agelogic	DEGREE Phy	nding Med. birector	Staff Phys. D	3-18-72
	NAME (Typ	JUAN	HI C	ALD ERON H.	23D. ADDRESS	0414	
244	REMOVAL (Spe	ATION, 24B. DATE	24C. N	AME of CEMETERY OF CRI	MATORY		(City, town, or county) (Stotol
0.5	Burial	3/21/7		. Stanislaus			. Md.
25/ M	AR 22 197		Er Ber	ADE O O	Sch mungl	Fineral Home	es. Inc. 3331 Brehms
140	1 00 0014 1/1/10					Learne,	



was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

	0.0	72 0283	BALTIMORE CITY	HEALTH DEPARTMENT		
1	-620	.~ 0203	9 CERTIFICA	TE OF DEATH	REG. NO. 72	02839
	TH NO.				AND HOUR OF DEATH	3.4000
	e or Print) . RI	TA P	RICE		3-17-72	1 3.35 p. m.
3.	PLACE IN BALTIMORE, MAR	YLAND, WHERE PROP	NOUNCED DEAD	4. USUAL RESIDENCE (VA. STATE B. CO	Where deceased lived, If institution of the control	tion: residence before odmission)
HC	LL NAME OF (IF NOT I	IN HOSPITAL OR INS	TITUTION, GIVE STREET	C. CITY OR TOWN	D. INSIDE C	CITY LIMITS?
1	INION HE	HO DIAI	HOS PITAL	BALTIMO		s 🕅 NO 🗌
	JIIOIS PIC	110 ////~	77007777		T AVENUE	
5. 5	EX 6. RACE	W NARRIE WIDOW	ED NEVER MARRIED DIVORCED DIVORCED	041-14-25	9. AGE (In years lift Ma	Under 1 Yr. If Under 24 Hrs. onths Doys Hours Min.
	. USUAL OCCUPATION (Give e during most of working life, ever		OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or		CITIZEN OF WHAT COUNTRY
	Waitress			MARYLAR	XD .	HMERICAN
13.	FATHER'S NAME			14. MOTHER'S MAIDEN		
	JOHN JAC	KSON		AMELIA	FISCHITTI	
15. (Ye	Wos Deceased Ever in U. S. s, no or unknown) (If yes, give	Armed Forces?	1 6. SOCIAL SECURITY NO.	17. INFORMANT	^	ADDRESS
	no		212-20-9133	ROBERT	B. PRICE	SAKE
	18.450 XI	10 18 17	CAUSE OF DEAT	H		APPROXIMATE INTERVAL
	DISEASE OF COND			0102100	OPPERT	DETWEEN CHOCK AND DEATH
	LEADING TO		(A) IMMEDIATE CAL	OSE CARDIAC A CONSEQUENCE OF:	HRMESY	
	heart failure, asthenia, etc.	. Il means the disea	se, DUE TO, OR AS	STIVE-HEART	FAILURE	
	ANTECEDENT		DIVER	HONIA		
	DISEASES OR CONDITION		(R)	A GONSEQUENCE OF 14	001	
	rise to the above co UNDERLYING CONDITION	iuse (A) stoling t	the (c) $MIRA$	LVALVED		
	- 11					
ATION	OTHER SIGNIFICANT CONDITION THE DEATH BUT NOT REDISEASE OR CONDITION GIVE	LATED TO THE TERMINA				
CERTIFIC	19A. DATE OF OPERATION		OR WHICH OPERATION	20A. AUTOPSY? (Yes of	No) 208. IF YES, WERE FIND IN CERTIFYING CAUSES	OINGS CONSIDERED S OF DEATH?
A A	21A. ACCIDENT WAS UND OR CONTRIBUTING CAU DEATH (notify medical exam	SE OF	21B. PLACE OF INJURY (e.g., home, form, foctory, street, o etc.)	in or obout 21 C. WHERE DIE ffice bldg., INJURY OCCUR	O (If in Boltimore Cit	ly, give exact location)
MEDIC	21 D. TIME (Month) (Do OF INJURY (APPROX.)		While At Nork Not Whi	le 🗖	INJURY OCCUR?	
	22. I certify that (I) (this	s hospital) attende	d the deceased fram	3 - 7	19 72 to 3	- 17 19 72
	that (I) (we) last saw the		2 17	19 72 and		death accurred on the date
	and hour and from the co	uses stated above	. (I) (We) (did) (dld not)	view the body after dea		
	23A. SIGNATURE	m Pal	200 1 TV 1 2			B. DATE SIGNED
	fellell	111. 6al	DEGREE Phy	ending Med. Director	Shoff Phys.	3-17-72
	NAME (Type)	im. Gal	PALDERONA	23D. ADDRESS	U414	
24/	REMOVAL (Specify)	DATE 24C	NAME of CEMETERY OF CR	EMATORY 241	D. LOCATION (City, t	own, or county) (Stote)
		3/21/72	Dulaney Valley	Cemetery	Baltol Md.	
25/	MAR 22 1972	//	E OF REGISTRAR	25C FUNERAL DIREC	TOR	Inc. 3331 Brehms
145	150 DEV/ 1/1/4 D					



IMPORTANT **DIRECTOR:** FUNERAL

medical

the chief

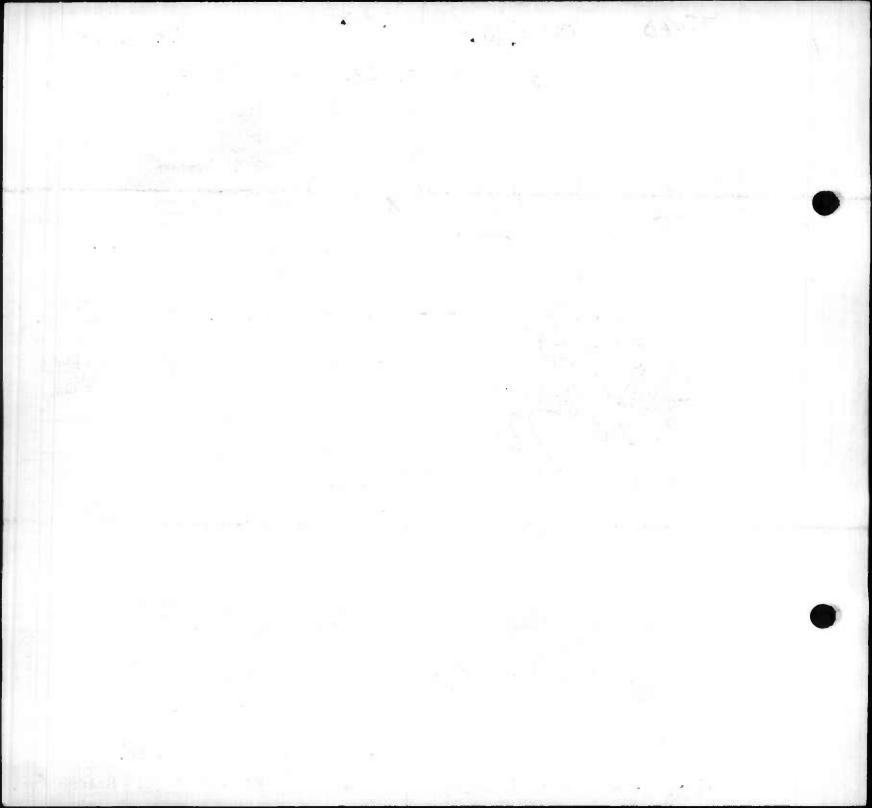
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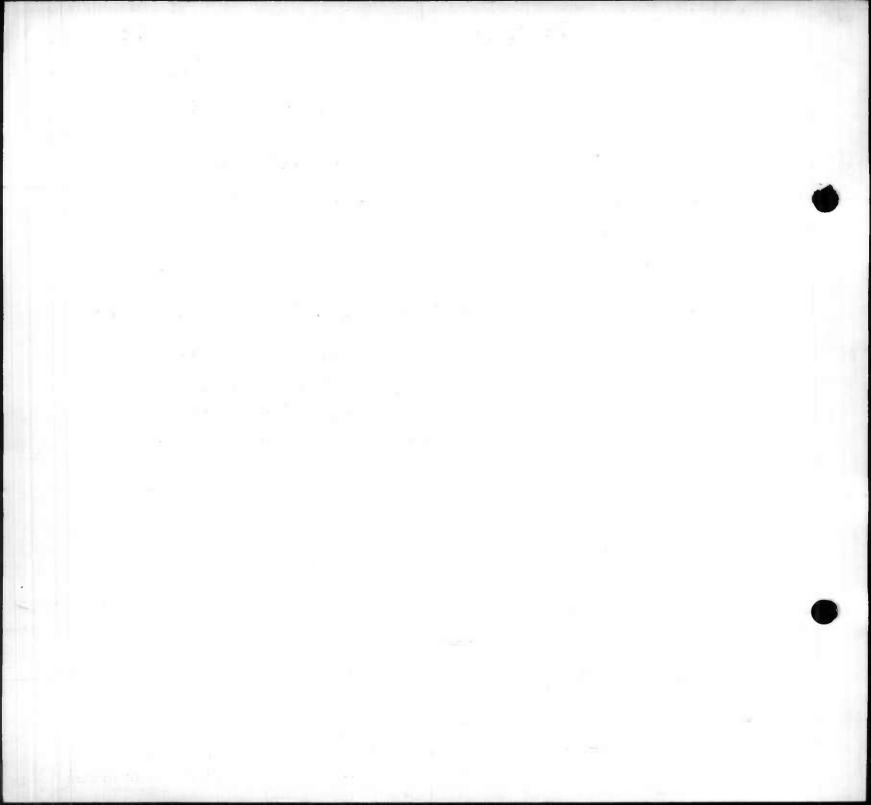
death

BALTIMORE CITY HEALTH DEPARTMENT 72 02840. CERTIFICATE OF DEATH death Deceased Such I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) 0 hospital death. 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE IWhere deceased lived. Il institution: residence attendance B. COUNTY (2) canse XXXXXXX **FULL NAME OF** (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) HOSPITAL OR (4) Undetermined cause; C. CITY OR TOWN 0 D. INSIDE CITY LIMITS? YES P NO GENERAL prior contributing E. STREET AND NUMBER 2606 Maryland Avenue disposition is made. regular 5. SEX 6. RACE 8. DATE OF BIRTH 9. AGE (In years 7. MARRIED NEVER MARRIED Il Under 1 Yr. Il Under 24 Hrs. deceased lost birthday Hours WIDOWED DIVORCED 10A. USUAL OCCUPATION (Give kind of work) 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or loreign country) 12. CITIZEN OF WHAT COUNTRY? ב done during most of working life, even if retired) U.S.A Retired Maryland Was the 13. FATHER'S NAME 4. MOTHER'S MAIDEN NAME Unknown Unknown death 0 kind; 15. Was Deceased Ever in U. S. Armed Forces?
(Yes, no or unknown) (ill yes, give war or doles of service) 6. SOCIAL 17. INFORMANT ADDRESS final SECURITY NO. attendance 207 215-07-0910 James Taylor, Jr. 3820 Victoria Ave. any pronounced CAUSE OF DEATH 0 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH OR CONDITION DIRECTLY embalmed TOTAL MEN TO BE THE MEN THE ME of (A) IMMEDIATE CAUSE fracture DUE TO, OR AS A CONSEQUENCE OF regular examiner. CALLER AN PEREDENTO CALLERAN INER. (B)\_\_\_\_\_\_DUE TO, OR AS A CONSEQUENCE OF: are OR CONDITIONS, if any diving the obove Lause (A) stating the = physician UNDERLYING CONDITION last. before the remains medical No physician was П CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). Body the 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 0 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (2) where 21 B. PLACE OF INJURY (e.g., in or about 21 C. WHERE DID home, form, foctory, street, affice bidg., INJURY OCCUR? (If In Boltimore City, give exact location) to the hospital MEDICAL DEATH (notify medical examined nature; 666 obtained 21 D. TIME OF INJURY (Month) (Doy) |Year) Hour 21 & INJURY OCCURRED 21F. HOW DID INJURY OCCUR 9 (except While At Not While (APPROX.) and any 22. I certify that (1) (this hospital) attended the deceased fram, 3-16 that (1) (we) last saw the deceased alive on. 19 7 2 and that In(my) (our) apinian death occurred an the date pe eath) o hospital the body was released and hour and from the causes stated above. (1) (We) (did) (did nat) view the bady after death. must accident 23A. SIGNATURE 23 B. DATE SIGNED Ö Attending [ Med. Staff 0 Phys. approval Phys. 0 23C. PHYSICIAN'S NAME (Type) prior 23 D. ADDRESS to Maryland Gen'l Hosp-24A. BURIAL CREMATION, 248, DATE deceased CEMETERY OF CREMATORY 24D. LOCATION 0.0 (City, town, or county) (Stote) REMOVAL (Specily) shows: Burial 3/22/ Gettysburg Vet. Cemetery Gettysburg. MOS 25A. DATE REC'D BY HEALTH DEPT. 25C. FUNERAL DIRECTOR Donovan Funeral Home 3818 Roland



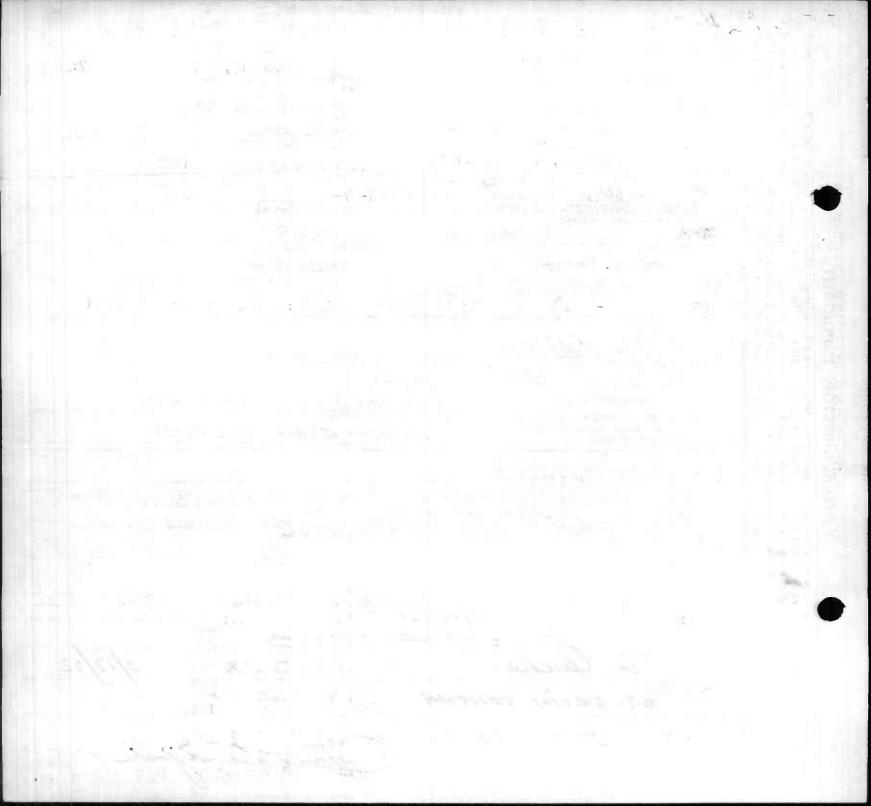
M-450	
AME OF DECEASED	

	11-450	72	0284	BALTIMORE CIT	HEALTH DEPARTM	THE REG. NO.	70 00044
	RTH NO.	12	UC04.	1 CERTIFICA	TE OF DEA	TH / KEG. NO.	16 U6041 -
(1)	ype or Print)	Mary Mallo			2. D	ATE AND HOUR OF DEA	TH 180A
3.	PLACE IN BAL	TIMORE, MARYLAND, W	HERE PRONOU	NCED DEAD	4. USUAL RESIDENCE	E (Where deceased lived, I	finstitution: tesidence before admission)
H	ULL NAME OF OSPITAL OR ISTITUTION	(IF NOT IN HOSPITA	AL OR INSTITU	TON, GIVE STREET	Maryland C. City OR TOWN	l Baltim	
		Century Nurs	ina Home	2	Rosedale		NSIDE CITY LIMITS?  YES NO  NO
	70	Century Nurs 102 N. Paca	Street		E. STREET AND NU	MBER	113
<u> </u>					1603 Rose	wick Avenue	
- 11	SEX		_	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under 24 Hrs. Months! Doys Hours   Min.
	emale	(aucasian	WIDOWED		8-26-92	19	
do	ne during most of v	JPATION (Give kind of work working, life, even if retired)	108 KIND OF	BUSINESS OR INDUSTRY	11. B)RTHPLACE (Stote	or foreign country)	12. CITIZEN OF WHAT COUNTRY?
		emaker			Marylan	d.	USA
13.	FATHER'S NAM				14. MOTHER'S MAID		
		n Lanahan				ManyO'Kee	efe
15. (Ye	Wos Deceased es, no or unknown)	Ever in U. S. Armed Ford	es? s of servicel	6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
	No			212 26 6654	Mary C. Ki	ein 1304 Rosell	vick Avenue
	18.	0.91		CAUSE OF DEAT			APPROXIMATE INTERVAL
		E OR CONDITION DIR	ECTLY	Carl	oreson	. L D . O.	BETWEEN ONSET AND DEATH
	(This does no	LEADING TO DEATH	dvina ea	(A)MMEDIATE CAL	ISE	or Tarle	ne
	heart foilure,	osthenio, etc. It means plication which coused	the disease,	DUE TO, OR AS	A CONSEQUENCE OF:	a cour	
		NTECEDENT CAUSES	deom,/	auter	corden	rec CUII	
		R CONDITIONS, if	lau miliam	(B) DUE TO, OR AS	A CONSEQUENCE OF	1-Wilso	Orsease
	rise to the	obove couse (A)	s)a)ing the	0,000	A CONSEQUENCE OF	b.00°	*
	UNDERLYING	CONDITION lost.		(c) 1	vere	, relle	
Z	OTHER SIGNIES	11 CANT CONDITIONS CON	ITBIRLITING		141		
ATIO	ITO THE DEATH	BUT NOT RELATED TO THE	E TERMINIAL		***************		
CERTIFICATION	19A. DATE OF	OPERATION 198 CONE	DITION FOR WI	HICH OPERATION	20A. AUTOPSY? (Ye	s or No. 208, IF YES, WER	E FINDINGS CONSIDERED CAUSES OF DEATH?
ERT	6						CAUSES OF DEATH?
	OR CONTRIBU	T WAS UNDERLYING TING CAUSE OF	21 B. P home,	LACE OF INJURY (e.g., in form, foctory, street, of	n ar about 21 C. WHERE fice bldg., INJURY OCC	DID (If to Boltim	nore City, give exoct locotion)
ICAL		medico) exominer)	etc.J				
MEDI	OF INJURY	(Month) (Day) (Yearl		NJURY OCCURRED		ID MUURY OCCUR?	
	(APPROX.)		Work	At Not While	· 🗆		
	22. I certify	that (1) (this hospital)	attended the	deceased from OU	Je 1	1965_to_20	90 1972
	that (I) (we)	last saw the deceased	dalive an	man 20	397	and that In (my)	pinian death accurred an the date
	and hour and	from the causes state	ed abave. (I)	(Welstall) (did not) v	lew the bady after d	eath.	
	23A. SIGNATUR						238 DATE SIGNED
	Poel	ally-	flele	DEGREE Phys	Med.	Staff Phys.	3/20/72
1	PHYSICIAN NAME (Ty	Y'S pel		DEGREE	3D. ADDRESS		1
	Willow	NO BODL	- FEZ	P Or Com	66157	lesson of	m Rd
24/	REMOVAL (S	AATION, 248. DATE	24C. NAA	AE OF CEMETERY OF CRE	MATORY	24D. LOCATION	City, town, ar county) (Statel
	Burial	3-23-72	New	Cathedral (en	reteru.	Baltimore Ma	nuland
254		BY HEALTH DEPT.	258 NAME OF	REGISTRAR	25C, FUNERAL DIE		ADDRESS
	MAR 29	TOP Wasself &	Jalley	Med,	" "Eva	ek + H.1211	Chesaco Avenue
VS	150-REV. 1/1/6	8					



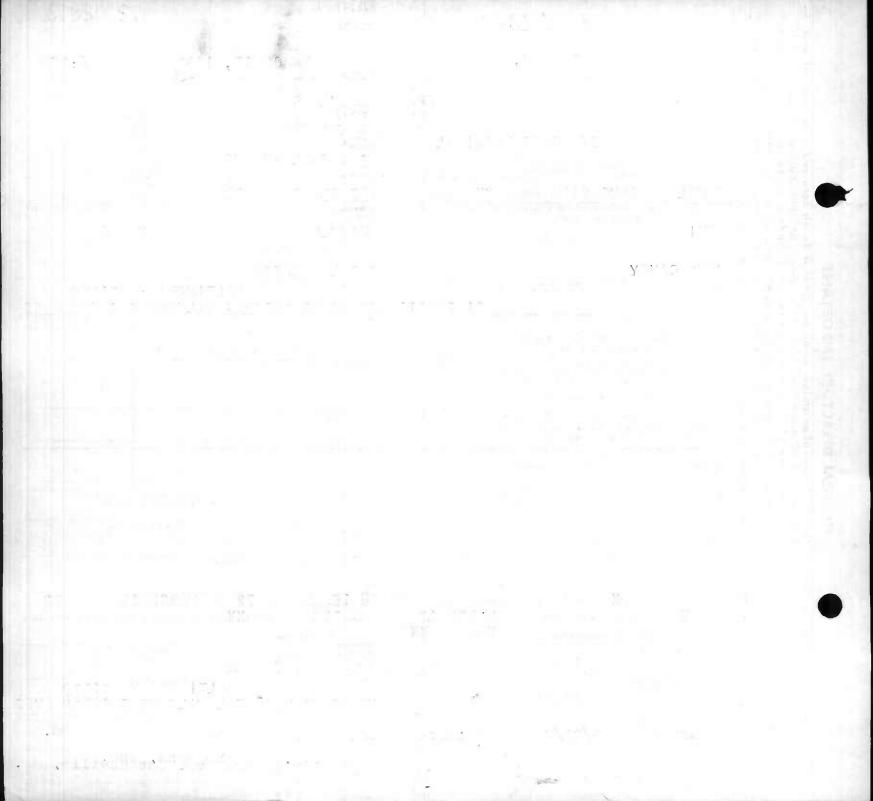
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner or his assistant if death occurred in a hospital and shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was 10.0.A at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death. Such written approved must be obtained before the remains are embalmed or final disposition is made.	
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4-52 BIRTH NO.	2 72 0	2842	CERTIFICA	TE OF DEATH	REG. NOT	2 02842
1. NAME OF D (Type or Print)	Ruby Ha	ncock			AND HOUR OF DEAT	
3. PLACE IN B	ALTIMORE MARYLAND, W		UNCED DEAD	LA USUAL RESIDENCE (V	rch 17, 1972 Where deceased lived, If	7:30 p M
FULL NAME O			UTION, GIVE STREET	Maryland	Baltimo	
NOTTUTION	Baltimore			Dundalk 2		VES NOXXX
2/	4940 Easte	-		E. STREET AND NUMBER		LES NOTTY
	Baltimore,	Maryla	nd 21224	7804 Kentle	v Road 21	222
Fmale.	Caudasion	7. MARRIED: WIDOWED	NEVER MARRIED DIVORCED	8. DATE OF BIRTH 7-27-28	9. AGE (In years last birthday) 43	If Under 1 Ye. If Under 24 Hrs. Months Days Hours Min.
OAL USUAL OC	CUPATION (Give kind of worl of working life, even if refired)	10B KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State of	foreign country)	12. CITIZEN OF WHAT COUNTRY
Clerk		Hobb	y Shop	Maryland	1	USA
3. FATHER'S N				14 MOTHER'S MAIDEN	NAME	
A	rgle L. Crabti	ee		Stella My	vers	
S. Was Deceas	ed Ever in U.S. Armed For wn)[(if yes, give war or date	ces?	SECURITY NO.	17. INFORMANT		ADDRESS
no	11000			BCH RECORDS:	4940 Easte	ern Avenue 21224
18.	A Par Contil Henry		CAUSE OF DEAT	R		APPROXIMATE INTERVAL
UNDERLY	OR CONDITIONS, if the above cause (A) NG CONDITION last.	any, giving stating the	DUE 10, OR AS	A CONSEQUENCE OF .  - BRAIN		
A DISEASE OF	ATH BUT NOT RELATED TO T CONDITION GIVEN IN PAR OF OPERATION 1995 CON WAS PER	TI (A).		20A-AUTOPSY? (Yes or	No. 208, IF YES, WER	RE FINDINGS CONSIDERED CAUSES OF DEATH?
OR CONTR	DENT WAS UNDERLYING DAUGE OF	LEBRIAL	e, form, factory, street, of	n or about 21 C. WHERE DIE	Q (IC to Baltin	nare City, give exact facotion)
21D. TIME OF INJURY (APPROX.)	(Month) (Doy) (Year)	(Hou) 216	INJURY OCCURRED		INJURY OCCUR?	
that (# (w	fy that (t) (this hospita re) lost sow the decease and from the couses sta	d olive on_	3/17/72/	19ond	•	opinion death accurred on the dat
23A. SIGNA	D. Can	cha.		ending Med.	Staff Nhys.	23B DATE SIGNED
	DR. SELI	, ,	MCHA DEGREE		Avenue 21224	,
Burial	REMATION, 248, DATE (Specify) 3/21/72		AME of CEMETERY of CRI Lly Hill Memor		Baltamore C	(City, town, or county) (Stote)
MAR O S	TO BY HEALTH DEPT.		ALDE O	25C. FUNERAL DIREC	10 July	e 1407 Eastern Ave.



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death, Such deceased prior to death, Such and (6) No physician was in regular attendance on the deceased prior to death. Such accounts of the physician was in regular attendance on the deceased prior to death. Such accounts of the physician was in regular attendance on the deceased prior to death. IMPORTANT FUNERAL DIRECTOR:

1			BALTIMORE CITY	HEALTH DEPARTMEN	T	72 02843
( -50C	72 0284	3	CERTIFICA	TE OF DEATH	H REG. NO	16 060HO
Type or Print		, E	NA MAE	2. DAT	CH 17, 1972	
3. PLACE IN BAL	TIMORE MARYLAND, WHERE	PRONOL	INCED DEAD	4. USUAL RESIDENCE		institution residence before admission)
FULL NAME OF	IIF NOT IN HOSPITAL OR	INSTITU	TION CIVE STREET	MARYLAND	BALT	0 52
HOSPITAL OR	ADDRESS OR LOCATION	11421116	HION, GIVE SIKEEL	C. CITY OR TOWN	D. IN	NSIDE CITY LIMITS?
				BALTIMORE		YES NO
40	ST AGNES	HOS	SPITAL	E. STREET AND NUMBE	ER	
4				3 ROGNEL	A VE NUE	
SEX		RRIED	NEVER MARRIED	& DATE OF BIRTH	9. AGE (In years last birthday)	Months: Days Hours Min.
EMA LE		OWED		07 13 01	70	
	UPATION (Give kind of work 108, K working life, even if refired)	ND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State of	foreign country)	12. CITIZEN OF WHAT COUNTRY
RETIRED	Mouring rise, aven & Lattech			MARYLAND		USA
3. FATHER'S NA	ME			14. MOTHER'S MAIDEN	NAME	1037
IOUNI OAS	(F.14			05051.11	- 011	
JOHN CAV	Ever in U. S. Ameri Second		1 & SOCIAL	CECELIA UP		ADDRESS
es, no or unknown	Ever in U. S. Armed Forces?	ervice)	SECURITY NO.			ORE MD 21229
			219362311		ECORDS WILL	KENS & CATON AVES
18.	231		CAUSE OF DEAT	Н	/	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
UNDERLYING	OR CONDITIONS, If any, e above cause (A) statin G CONDITION last.  II FICANT CONDITIONS CONTRIBLE	g the	(c)	A CONSEQUENCE OF:		
TO THE DEAT	TH BUT NOT RELATED TO THE TERM CONDITION GIVEN IN PART 1 (A)	MINAL	old	4	rial inface	
OTHER SIGNIF TO THE DEAT DISEASE OR C 19A. DATE OF	OPERATION 198 CONDITION WAS PERFORME	D		I NO		RE FINDINGS CONSIDERED CAUSES OF DEATH?
On mountains	NT WAS UNDERLYING UTING CAUSE OF medical examined	21 B, hom- etc.)	PLACE OF INJURY le.g., i e, farm, factory, street, o	n of about 21 C. WHERE DI	D (if in Boltin	nore City, give exoct location)
DEATH (notily  21D. TIME OF INJURY (APPROX.)	(Month) (Day) (Year) (Hou		INJURY OCCURRED  Not While At Work	• [7]	INJURY OCCUR?	
22. I certify	that (IX(this haspital) atte	nded th	e deceased from MA	RCH 15	1972toM/	ARCH 17 1972
	lost saw the deceased oli					opinion death occurred on the dat
	d from the couses stated of	ove. (i	(Me) (qiq) (qiq, uqi)	lew the body after de	oth.	
23A, SIGNATU	JRE TO DOS D			10		23B, DATE SIGNED
	1.11Mol		DEGREE Phy	inding Med. Director	Staff Phys.	13/17/77.
23C. PHYSICIA NAME (1	ANS TYPE T MOL		PLONEL	23D. ADDRESS	BALTIN OSPITAL WIL	MORE MD 21229 LKENS & CATON AVE
24A. SURIAL CRE	Sameiful	24C.N/	ME of CEMETERY of CR		D. LOCATION	(City, town, or county) (State)
Burial	3/21/72	Ba	altimore Na	tional	Baltimore	Md.
25A. DATE REC'D	BY HEALTH DEPT. 258.	AME C	F REGISTRAR	25C FUNERAL DIREC	WacNabb So	onsatonsville, Mo
10D 00 40	72 22.62 30	6	NA C	301. Ere	derick Association	. catonsville, Me
<b>从公共</b>	68	The Party of the P	Y".			



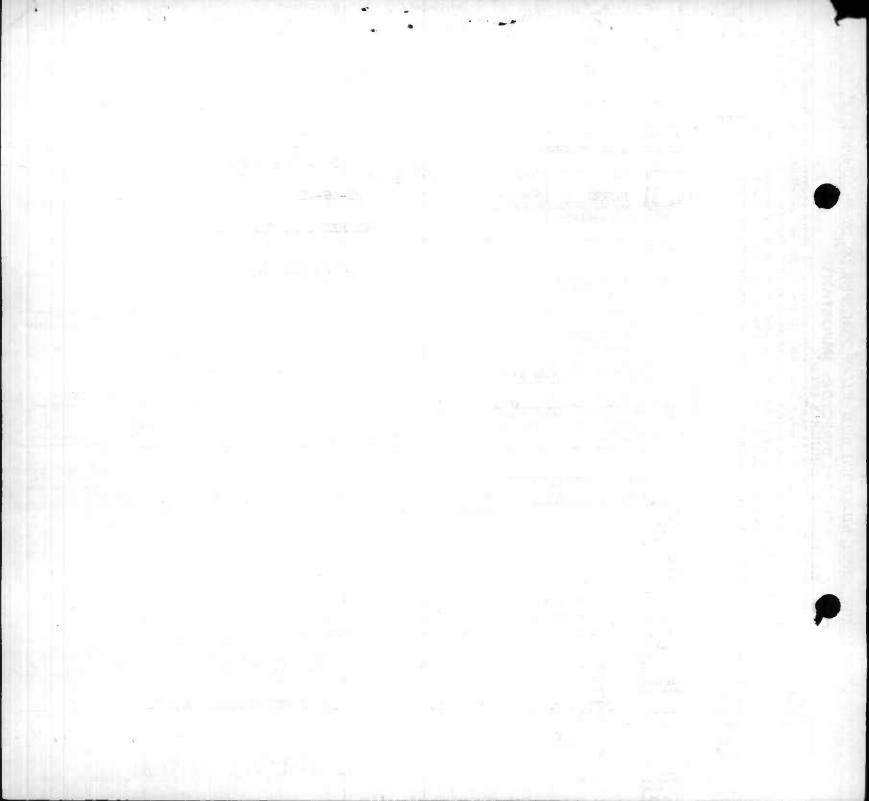
В	B-130 72 0289	4	HEALTH DEPARTMENT	REG. NO	72 02844
1.	NAME OF DECEASED		2. DATE AND	HOUR OF DEATH	
	WILLIE ES	THER BOBBITT	MARC	CH 19,1972	11:00 P.M.
3,	PLACE IN BALTIMORE, MARYLAND, WHERE PRO	NOUNCED DEAD	4. USUAL RESIDENCE (Where	deceased lived. If inc	litution: residence before admission)
H	ULL NAME OF (IF NOT IN HOSPITAL OR IN ADDRESS OR LOCATION)	STITUTION, GIVE STREET	Maryland c.CITY OF TOWN	D. INSI	2 8 5 4
E	88		Paltimono		YES NO
0	5108 Greenwich Ave	₽•	E. Siker AND NUMBER 5108 Greenwi	ch Ave.	
5,	SEX 6. RACE 7. MARR	ED NEVER MARRIED	8. DATE OF BIRTH 9	AGE (In yours	If Under 1 Yr. If Under 24 His. Months Doys Hours Min.
	Female White WIDOW		Feb. 2,1896	76	Months Doys Hours Min.
10	A. USUAL OCCUPATION (Give kind of work 108, KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLA CE (Stote or foreig	n country)	12. CITIZEN OF WHAT COUNTRY?
	ne during most of working life, even if refired] Housewife FATHER'S NAME	Home	Virginia		USA
	LUINER 2 NAME		14. MOTHER'S MAIDEN NAM	.E	
	Avery L. Graybeal		S. Catherine	Clark	
15. (Y	Wos Decoased Ever in U. S. Armed Faccos? ss,no or unknown) If yes, give wor or dotes of sorvice	1 6. SOCIAL SECURITY NO.	17. INFORMANT	134	5 N. Rolling Rd
L	No	232-12-146	David T. Bo	bbitt Cat	onsville, Md.
	18. 156.01	CAUSE OF DEAT	i		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY			1	BETWEEN ONSET AND BEATH
	LEADING TO DEATH (This does not mean the mode of dying, e	(A) IMMEDIATE CAU	SE Carcinoma	ones,	6-00
	heart failure, osthenio, etc. it meons the disec	se, DUE TO, OR AS	A CONSEQUENCE OF:	00011	
	injury or complication which coused deoth.)	Carcu	roman of Val	O Blodder.	1 ' 5
	ANTECEDENT CAUSES	(B)	(/		
	DISEASES OR CONDITIONS, if ony, givenise to the above cause (A) stating UNDERLYING CONDITION tast.	the (C)	A CONSEQUENCE OF:		
Ì	11				
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINDISEASE OR CONDITION GIVEN IN PART 1 (A).	AL		***************************************	
ERTIFIC	1994 DATE OF OPERATION 1984 CONDITION FO	PR WHICH OPERATION	20A. AUTOPSY? (Yes or No)	20 L IF YES, WERE FI	NDINGS CONSIDERED SES OF DEATH?
CALC	OK CONTRIBUTING CAUSE OF	21B. PLACE OF INJURY (e.g., in hame, farm, factory, skeet, at elc.)	n or obout 21C. WHERE DID ico bidg., INJURY OCCUR?	(If In Boltimore	City, give exact location)
000	21D-TIME (Month) (Doy) (Year) IHour	TE INJURY OCCURRED	21F. HOW DID INJU	RY OCCUR?	
×	(APPROX)	While Al Work  Work  Not While At Work			
	22. I certify that (I) (this hospital) attende	d the deceased from	August 19 19	53 10 22	Jan. 79 1972
	that (1) (we) last saw the deceased office a	-	19 72 ond that	in(my) <del>(our) o</del> pini	on death accurred on the date
	and hour and from the causes stated above	. (1) (We) (did) (did-not) v	ew the bady after death.		
	23A, SIGNATURE				23 L DATE SIGNED
	23C. PHYSICIAN'S NAME (Typo)	DECOREE!	Med. Sincetor Ph	hoff hys.	3-20-72
	Harry L. Knipp. N		4116 Edmondson	Ave. Ral	timore Md
24/	REMOVAL (Specify) 24B DATE 24C	NAME of CEMETERY of CRE	MATORY 24D. LOC		town, or county) (Stote)
u	rial-Transit 3/22/72	Rosewood Cer	metery Lewi	sburg, We	st Virginia
25/	MAR 2.2 1972 Res 2. 3	E OF REGISTRAR	25C. FUNERAL DIRECTOR		ADDRESS
Ve	150-RFV- 1/1/68	STEEL CENT	701 Frederi	ck Pd. Ca	consville Md.

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117 10	= 500	DAE	BALTIMORE CITY	HEALTH DEPARTMENT		72 02845
IRTH NO.	50 72 028	343	CERTIFICA	TE OF DEATH	REG. NO	WE CHOKO
NAME OF DE		DANEAL WI	LSON	2. DATE A	19-72	1717 BM.
PLACE IN BA	ALTIMORE MARYLAND, V			4. USUAL RESIDENCE (WH	ere deceased lived. Il i	institution: residence before admission)
ULL NAME OF	OF (IF NOT IN HOSPIT ADDRESS OR LOC	TAL OR INSTITUT	TION, GIVE STREET	DELAWARE C. CITY OR TOWN		CASTLE SIDE CITY LIMITS?
risk.	HNS HOPKINS HO			WILMINGTON		YES NO
BALTI	MORE, MD 21205	5		E. STREET AND NUMBER	STREET	
SEX	6. RACE	7- MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Ye . Il Under 24 Hrs. Months! Days Hours : Min.
MALE	NEGRO	WIDOWED	DIVORCED [	03-16-72		3
	CUPATION (Give kind of world of working life, even if retired)		BUSINESS OR INDUSTRY	WILMINGTON, D		12 CITIZEN OF WHAT COUNTRY?
3. FATHER'S N.	AME			14. MOTHER'S MAIDEN NA		
MINIMA W	AITI.					
Was Deceas	ed Ever in U. S. Armed Fo	reas?	& SOCIAL	JUNE WILSO	N	ADDRESS
es, no or unknov	wn) (If yes, give war or da)	es of servicel	SECURITY NO.			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
18. 74	61/1		CAUSE OF DEATH	1 1 1 1	. P.	APPROXIMATE INTERVAL SETWEEN ONSET AND DEATH
DISE	ASE OF CONDITION DI LEADING TO DEATH		Intracer	00 000	0	n 2 Novas
(This does	LED' ATER NE WHITE	dying e.g.	(A) IMMEDIATE CAU		ME RRHAGE	
injery or co	on the mode of the mode of the course of the		Congenit	) / 1 / A .7		
1 hr	ANTECEDEUT CAUSE	M. D.	(B) PROLUM	LUD PROFOUN	D HEPEXIA	-50 60 HONUS
	OR ACONOMICAN, ENA		DUE TO, OR AS	A CONSEQUENCE OF:		1
	NG CONDITION lest.	aiding me	(c) TO (71	RANSPOSITION	GREAT VE	SZE(3 (GONPENILAC)
	11					2
TO THE DE	VIFICANT CONDITIONS CO ATH BUT NOT RELATED TO	THE TERMINAL	POSSIBLE	PERMEN	C EFFUSIO	18 Hours
19A-DATE	OF OPERATION 19R CONDITION WAS PER	IDITION FOR W	HICH OPERATION	20A AUTOPSY? (Yes or I	10 208 IF YES, WERE	FINDINGS CONSIDERED
* D 3/1	CATH CY	INSTIC H	FART DISER	IES	IN CERTIFIENG C	NOTES OF BEATH!
, OR CONTRI	DENT WAS UNDERLYING BUTING CAUSE OF hily medical examined	21 S, P home etc.J	LACE OF INJURY le.g., i farm, foctory, street, of	n or about 21 C. WHERE DID lice bidg., INJURY OCCUR2	(If In Baltimo	ore City, give exact location)
21D. TIME	(Month) (Day) (Year)	(Hous) 21 & I	NJURY OCCURRED	21F. HOW DID IN	IJURY OCCUR?	
IAPPROXI		While Work		• 🗆 🔻		
22. I certi	fy that (1) (this hospita	) attended the	deceosed from 3	117/8	19 22 ta	3/19 1972
	last sow the deceas			19 <u>2</u> and 1	that in (my) (our) op	inlan death accurred an the date
and hour o	and from the causes sta	ted obove, (i)	(did) (did not) v	lew the body after death	•	
23A. SIGNA	TURE	0 - 0	() > AM	alta — Nad —	S1-11	23B, DATE SIGNED
1/h	really of	6elbur	DEGREE Phy		Stoff Physic	3/19/72
23C. PHYSIC NAME	IType)		X	23D. ADDRESS		
44 9115141 6		HOLBROO			HOPKINS HO	
REMOVAL Crema	L (Specify)		ohns Hopkin	ns Hospital		City, fown, or county) (Stole)  dway, Balto., Md.
	D BY HEALTH DEPT.	258 NAME OF		25C. FUNERAL DIRECTO		ADDRESS
MAR 99		The Real	CD .	O 2 EURP	HAL DISP	USAL
\$ 150-REV. 17	1/68					



5-31-1972 - Completion of cause of death on a pending medical examiner death certificate

C. Springate, M.D.

Device Dates 1931 Planter

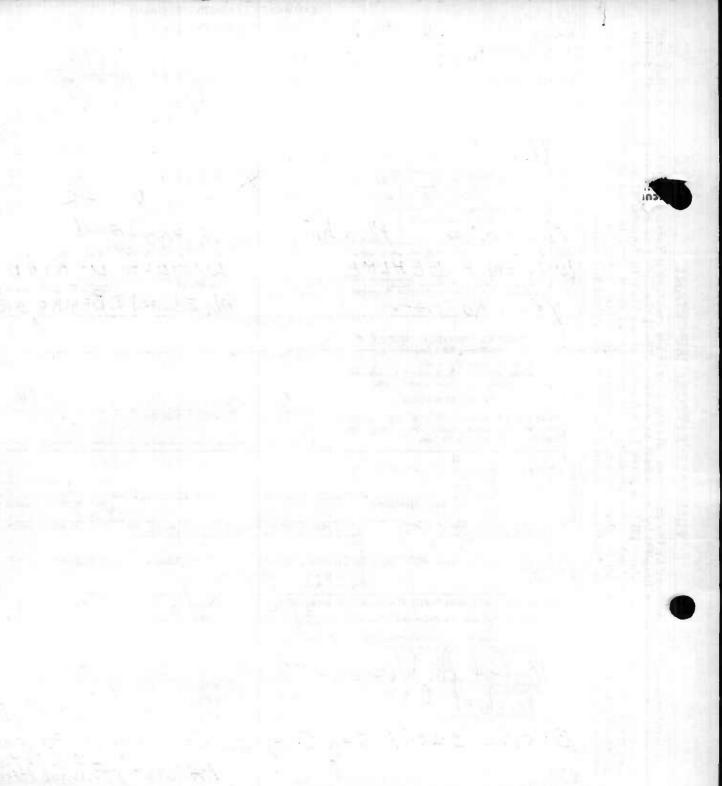
HRS

pup

hospital

BALTIMORE CITY HEALTH DEPARTMENT 72 02847 72 02847 CERTIFICATE OF DEATH REG. NO. uch irect or contributing cause of death (4) Undetermined cause; (5) Deceased I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) 0 death. 3. PLACE IN BALTIMORE, MARYLAND, 4. USUAL RESIDENCE lighter deceased lived, if institution; residence A. STATE

B. COUNTY WHERE PRONOUNCED DEAD GUCO FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) OR TOWN C. CITY D. INSIDE CITY LIMITS? attend 10 YES X NO prior E. STREET AND NUMBER regular disposition is mad 5. SEX 9. AGE (In years If Under 24 Hrs. 8. DATE OF BIRTH If Under 1 Yr. Months: Doys NEVER MARRIED deceased last birthday Hours 3 WIDOWED DIVORCED IOA. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11. BIRTHFLACE (State or foreign country) 12, CITIZEN OF WHAT COUNTRY? 2 Was the 13. FATHER'S NAME 4. MOTHER'S MAIDEN NAME death -15. Wee Deceased Ever in U. S. Armed Forces SOCIAL final (Yes, no of unknown) (II yes, give war of dates of service) SECURITY NO. attendance CAUSE OF DEATH APPROXIMATE INTERVAL pronounced 0 BETWEEN ONSET AND DEATH DISEASE OF CONDITION DIRECTLY Also. embalmed fracture of LEADING TO DEATH (A) IMMEDIATE CAUSE This does not mean the mode of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF: heart failure, osthenia, etc. It means the disease, injury or complication which caused death.) regular ANTECEDENT CAUSES lawer love who the remains are DISEASES OR CONDITIONS, If any, giving to the obove cause (A) stating the ල E physician UNDERLYING CONDITION last Was burns; CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL physician DISEASE OR CONDITION GIVEN IN PART 1 (A). (2) Body 19A-DATE OF OPERATION 19B CONDITION FOR WHICH OPERATION WAS PERFORMED 20A. AUTOPSY? (Yes or No) 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? the before by 218 PLACE OF INJURY (e.g., in or obout 21C, WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? etc.) 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examine) here (If in Boltimore City, give exact location) to the hospital MEDICAL 0 nature; 3 obtained (Month) (Day) (Year) (Hous 21 E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 9 (except ; and (6) OF INJURY Not While While At [APPROXI At Work Work any 22. I certify that (I) (this hospital) attended the deceased from death); Zond that In(my) (aur) opinion death accurred on the date 99 that (I) (we) last saw the deceased alive on. hospital and hour and from the couses stoted above. (1) (We) (did) (did not) view the body after death. must accident 23A. SIGNATURE 23B, DATE SIGNED Attending 0 approval Phys. Director 0 deceased prior 230. PHYSICIAN'S 23D. ADDRESS o NAME (Type) chal man was D.O.A. DEGREE 24A. BURIAL CREMATION, shows: (1) CEMETERY of CREMATORY the body REMOVAL (Specify) written 20 258. NAME OF REGISTRAR 25A. DATE REC'D BY HEALTH DEPT.



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the written approval must be obtained before the remains are embalmed or final disposition is made.

1/	7-1150		BALTIMORE CITY	HEALTH DEPARTMENT		MO 000/2
01	72 TH NO.	02848		TE OF DEATH	REG. NO	72 02848
1,1	NAME OF DECEASED	0 0010			AND HOUR OF DEATH	
IL	pe of Print) OLENIA	105-1	Non y		3-21	721 245 0 4
3.	PLACE IN BALTIMORE, MARYLAN	D, WHERE PRONC	UNCED DEAD	4. USUAL RESIDENCE (W. A. STATE B. COL	here deceased lived If in	stitution: residence before admission)
	LL NAME OF UF NOT IN HO	SPITAL OR INSTIT	UTION, GIVE STREET	M.D. Caril	- Columne	604
IN	SHITU ONER I IFIC	ATE A	MENDE	CITY OR TOWN	D. INSI	IDE CITY LIMITS?
	CHBRCH, Home C	and Hos	utal 3-30-72	E. STREET AND NUMBER	se !	YES NO
-	35			100 N	Bradow	XV
5.	SEX 6. RACE	7- MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	/II Under 1 Yt. II Under 24 Hrs.
	r W	WIDOWED	DIVORCED [	9-11-97	lost birthdoy)	Months Doys Hours Min.
don	USUAL OCCUPATION (Give kind of eduring most of working lile, even if reti	red)   Wark 108, KIND O	F BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fo	reign countryl	12. CITIZEN OF WHAT COUNTRY?
12	Harriemaker			Austria		Dermanent 1
13.	FATHER'S NAME	. 1	0	14. MOTHER'S MAIDEN N.	AME	
15	Wood Daniel State of the Control	7.4	lon			
(Yo	Was Deceased Ever in U. S. Armer s, no or unknown) (If yes, give war or	dates of service)	SECURITY NO.	17. INFORMANT	1 20	ADDRESS
_	0		4478 1400	waemy	incz 31	18 Foster live
	DISEASE OR CONDITION	DIRECTLY	CAUSE OF DEATH S.S. 213-09-05		y Edema	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	LEADING TO DEA	TH	(A)IMMEDIATE CAU	SE Pulmenary	Schorna et	(6 3.
	This does not mean the made heart toilure, asthenia, etc. 11 me	one the disease	/. //	A CONSEQUENCE OF:	foobeeddabblidaaaadaaab.	
	injury of camplication which cau		10.0		-	
	DISEASES OR CONDITIONS,		(B) ASH (	A CONSEQUENCE OF		
	ise to the above couse UNDERLYING CONDITION last.	(A) sloling the		A CONSEQUENCE OF:		
	ONDERLING CONDITION IGS.		(c)		***************************************	
NO	OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING				
ATI	DISEASE OR CONDITION GIVEN IN	O THE TERMINAL	***************************************	******************		
CERTIFICATION	19A-DATE OF OPERATION 198.	PERFORMED	WHICH OPERATION	20A. AUTOPSY? (Yes or h	IN CERTIFYING CAL	INDINGS CONSIDERED
-	21A. ACCIDENT WAS UNDERLYIN OR CONTRIBUTING CAUSE OF	G 218.	PLACE OF INJURY (e.g., In	or obout 21 C. WHERE DID	(II In Baltimore	City, give exect location)
CAL	DEATH (notify medical examiner)	etc.	e, rom, roctory, sneet, on	ico bldg., INJURY OCCUR?		
LEDI	21 D. TIME (Month) (Day) (Ye	eorl (Hour) 21E	INJURY OCCURRED	21F. HOW DID IN	JURY OCCUR?	
2	IAPPROX.	Whi	le At   Not While	· -		
	22. I certify that (1) (this hosp	Ital) attended t	ne deceased from 2	10 == 9	19 <u>39</u> to	2 21197
1	that (I) (we) last sow the dece	ased alive on	· 2 Dm 3	21 19 2 and t	hat In (my) (our) opin	ion death accurred on the dote
	and hour and from the causes	stated abave. (1	(We) (did) (did not) vi	ew the body after death.		
	23A. SIGNATURE	+	14.0		1000100	23 B. DATE SIGNED
	Dr-SA	1901	DEGREE Phys.		Staff Phys.	
	23C. PHYSICIAN'S NAME (Typo)	SATAR	M 13	3D. ADDRESS	1. Home one	1 V.CD. T4(
24A	BURIAL CREMATION, 248, DATE	24C. NA	ME of CEMETERY OF CRE			y, town, or county! (State)
	Buriel 3-24		Michaels Ce		alto.	ma.
25A	DATE REC'D BY HEALTH DEPT	A STATE	E STATE BANK	25 CE FUNERAL DIRECTO	13/1/	3218 Levelson St
V\$ 1	50-REV, 1/1/68			The popular		- There was

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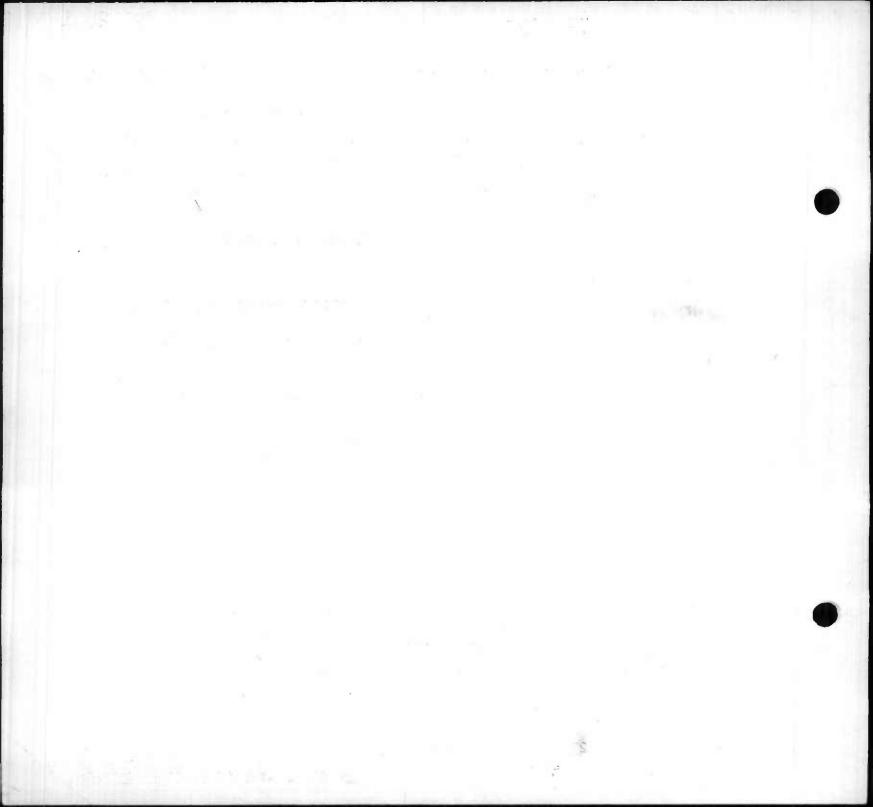
was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased

-		79 0	2849	BALTIMORE CITY	HEALTH DEPARTMENT		70 00040
0	-53	0 120	C045	CERTIFICA	TE OF DEATH	REG. NO	72 02849
	ME OF DECE	ACED		CERTIFICA		D HOUR OF DEATH	
	or Print)		0		2. DATE AN	D HOUR OF DEATH	1 0 00 0
2 01		lliam ja	THE D	mith	14 USUAL RESIDENCE (When	e deceased lived. If in	stitution: residence before admission)
	L NAME OF	(IF NOT IN HOSPIT	AL OR INSTITUTION		A. STATE B. COUN Maryland		1601
HOS	PITAL OR	ADDRESS OR LOC.	ATION)		C. CITY OR TOWN	D. INSI	DE CITY LIMITS?
	Un	iversity Hos	pital		Baltimore		YES X NO
4	38				828 North Carr	collton Aver	nue
5. SE		6. RACE	7- MARRIED X	NEVER MARRIED	B. DATE OF BIRTH	P. AGE (In years ast birthday)	If Under 1 Yr., If Under 24 Hrs. Months! Days Hours! Min.
	le.	Negro	WIDOWED	DIVORCED [	3-12-13	59	2073 110013
		IPATION (Give kind of work varking life, even if retired)	108. KIND OF BL	ISINESS OR INDUSTRY	11. BIRTHFLACE (State or fareig	gn country)	12. CITIZEN OF WHAT COUNTRY
La	borer				Virginia		U.S.A.
	ATHER'S NAM				14. MOTHER'S MAIDEN NAM	A E	
J1	mmie Sm	ith			Sylvesta	?	
15. W (Yes,	as Deceased no ar unknown)	Ever in U. S. Armed For (If yes, give war ar date	rces? 1 6	SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS 21217
yе	S	#2 1-14-44,	11-23-452	18-22-3931	Mrs. Frances Sn	mith 828 N.	Carrollton Ave.
	B. 4-1 C	0.0		CAUSE OF DEAT	H = 1, 1		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	DISEAS	E OR CONDITION DI	RECTLY		4	1/	A A A A A A A A A A A A A A A A A A A
		LEADING TO DEATH		(A) IMMEDIATE CAL	ISE Myscardial	Intarel	in Simulate
		ol meon the mode of osthenio, etc. It meons		DUE TO, OR AS	A CONSEQUENCE OF:		
		plicotion which coused					
	A	NTECEDENT CAUSES		100 16	1 but. Chr	1. vale s.	10 Ars
	DISEASES O	R CONDITIONS, if	any, giving	DUE TO, OR AS	CONSEQUENCE OF:		
		obove couse (A)	stating the	(-)			
	ONDERLING			(C)			
z		11	ANITRIGUITINIC				
ĭ	TO THE DEATI	ICANT CONDITIONS CO H BUT NOT RELATED TO T	HE TERMINAL	7200			
CA		OPERATION 198 CON		ICH OPERATION	20A. AUTOPSY? (Yes or No.	20B, IF YES. WERE	FINDINGS CONSIDERED
CERTIFIC	0	WAS PER			7	IN CERTIFYING CA	USES OF DEATH?
	ACCIDEN	T WAS UNDERLYING	218. PL	ACE OF INJURY (e.g., i	n or about 21C. WHERE DID	(If in Boltimor	e City, give exoct location)
Z		TING CAUSE OF medical examiner	hame,	farm, factory, street, o	fice bldg., INJURY OCCUR?		
EDIC	1D. TIME	(Month) (Day) (Year)	(Hour) 21E, IN	JURY OCCURRED	21F. HOW DID INJU	JRY OCCUR?	
5	APPROX.)		While				
			Wark	At Work			4
2	22. I certify	that (l) (t <del>his hospita</del>	L) attended the				mcl 20 1972
1	hat (1) (we)	last saw the decease	ed alive an	mas 1	1972 and the	at in (my) (aur) api	nian death accurred an the date
	and havr and	fram the causes sta	ted abave. (1) (	We) (did ) (did nat) v	iew the body after death.		
1 2	3A. SIGNATU	RE					238. DATE SIGNED
	bleck	Lett home	6	Atte		Staff Phys.	3/2//2-
	3C. PHYSICIA		10	DEGREE	23D. ADDRESS		10/11/12
	NAME (T)		~ ~ ~ ~ T	20 70			
24A.	BURIAL CREA	MATION, 24B. DATE		P. D. DEGREE			ty, tawn, or county) (State)
	REMOVAL (S						
	sit-bur			gfield Bapt.	Church Lou	uisa Co., V	irginia
25A.	DATE REC'D	BY HEALTH DEPT.	258. NAME OF	KEGISTRAR	Marshall W. J	1/35 Harfor	d Ave. 29213
				1 6 3		OMOG Too	

	72	02850	BALTIMORE CITY HE	ALTH DEPARTMENT			
E-12	M	EDICAL	EXAMINER'S		OF DEAT	H72	02850
BIRTH NC.						REG. NO.	34030
1. NAME OF DE	RUDOI			2. DATE Known OF DEATH Estimote		Doy 1 15, 1972	eor Hnur
FULL NAME OF	(IF NOT IN HOS	PITAL OR INSTIT	ONOUNCED DEAD	3. DATE PRONOUNCED DEA	Month		eor Hour 6:25 A.
OR INSTITUTION	ADDRESS OR LO	OCATION)		5. USUAL RESIDENCE			
00	1151 Whatc			A. STATE Maryl:		B. COUNTY	1600
6. SEX	7. RACE Negro	100000000000000000000000000000000000000	D NEVER MARRIED	C. CITY OR TOWN		D. INSIDE CITY LIN	NITS?
9. DATE OF BIRT	H IIO.AGI	WIDOWE E (in years	DIVORCED LI If Under 1 Yr. II Under 24 Hrs.	Baltin		YES X	№ □
6-15-35	lost birt	17 36 h	Months Doys Hours Min.		Whatcoat S	Street	
Virginia	Stole or loreign countr	y) 1:	WHAT COUNTRY?	Winston	Coston		
14A.USUAL OCCU	JPATION (Give kind of w	rork 14B. KIND	OF BUSINESS OR INDUSTRY		Gester		
Labo	working lile, even Ifretin Ter	ed)		Elizabeth	Colema	n	
16. WAS DECEAS	ED EVER IN U.S. AR/	MED FORCES?	17. SOCIAL SECURITY NO.	18. INFORMANT		ADDRES	S
no				Mrs. Mildred	Bell 1146	Myrtle Av	enue 21217
19.	191		CAUSE OF DEA	TH			APPROXIMATE INTERVAL BETWEEN ONSET AND DEA
	E OR CONDITION D	IRECTLY					
	LEADING TO DEATH	dulan e a		AUSE Cirrhosis	of liver		
hearl toilure	, osthenio, etc. it meons	the diseose.	DUE TO, OR	AS A CONSEQUENCE OF:			•
	OR CONDITIONS, IF		(B)	AS A CONSEQUENCE OF	•	***************************************	
UNDERLYIN	OR CONDITIONS, IF A E ABOVE CAUSE (A): NG CONDITION LAS	STATING THE		AN CONSEQUENCE OF			
0			(c)				
U TO THE DEA	IIFICANT CONDITIONS ATH BUT NOT RELATED CONDITION GIVEN II	TO THE TERMIN	NG AL				
20A. DATE OF			OR WHICH OPERATION WA	S PERFORMED		21. A	AUTOPSY? (Yes or No)
0							Yes
UNDERLYING	NAL CAUSE WAS OR CONTRIB- USE OF DEATH.	22 he	B.PLACE OF INJURY (e.g., ome, lorm, loclory, street, office	in or obout 22C. WHERE bldg., etc.) INJURY OCC	DID (If In Boltimor	e City, give exoct locat	ion)
		(eor) (Hour)	22E.INJURY OCCURRED	22F. HOW D	ID INJURY OCCU	R?	
(APPROX.)		m	WHILE AT NOT AT W	WHILE CORK			
23.				-			
	ify that I held an	Marin .				death in my apinio	on
result	ted from: Natural c	auses A	Accident Sulcid			ed monner	
ACTUAL	( of als	2 1'1	Mr. set	ASSISTANT MEDI	CAL EXAMINER	[X]	DATE SIGNED
SIGNATI		c c ch	ringate, M.D.	ASSOCIATE MEDI		M	-1 1F 1070
NAME (T	Abel				CAL EXAMINER	u mar	ch 15, 1972
24A. BURIAL CREA	fy)		24C. NAME of CEMETERY	or CREMATORY	24D. LOCATION	(City, lown, or co	unty) (State)
ransit-bu	rial 3-19		Coleman Family		Crew, Vi		
25A. DATE REC'D	BY HEALTH DEPT.		ME OF REGISTRAR	25C. FUNERAL DI	пестой 35 На	rford Andes	521213
MAR 22	1972 Valle	R. d. Jak	Sea M.D. O	Marshall	W.Jones,	Jr.	
VS 151-REV. 1/1/68							

1	
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.	

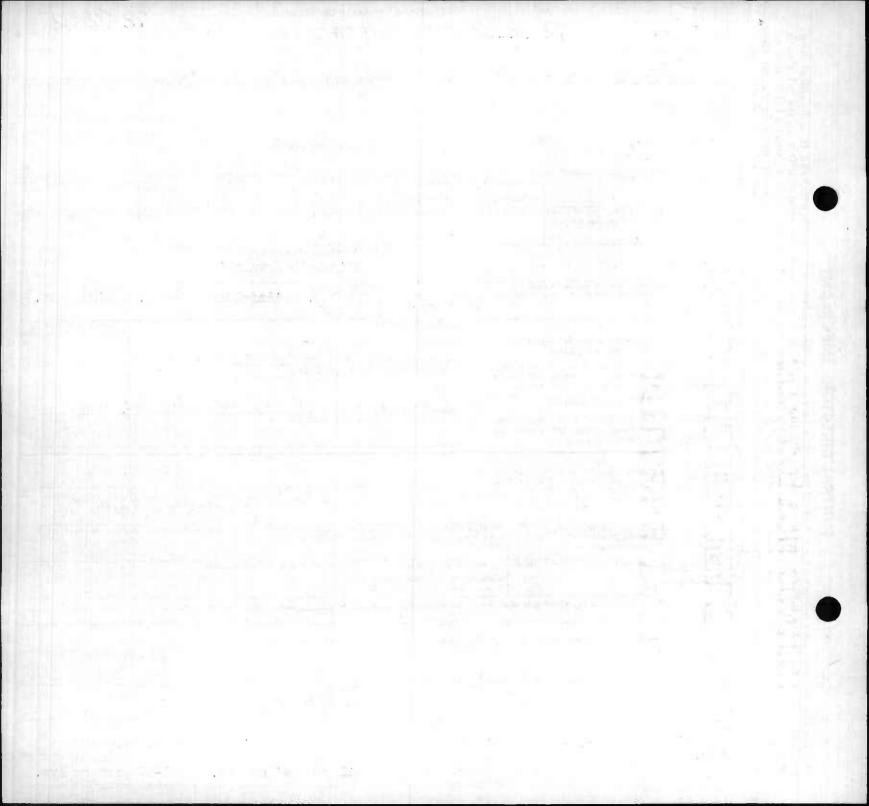
	DALLA TO COOK BALTIMORE CITY	HEALTH DEPARTMENT 72 02851
110	TRITITIO.	TE OF DEATH REG, NO. 12 0201
	Type or Print) Ella Mae RUSSELL	2 DATE AND HOUR OF DEATH
1 3	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission)
		A STATE B. COUNTY
111	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)	Baltimore Md. C. CITY OR TOWN I D. INSIDE CITY LIMITS?
-11	Good Samaritan Hospital	Batimore YES NO [
-	Lock Roven + Belevedere Aux	E. STREET AND NUMBER
5		3 415 Edmond son Ave
	B WIDOWED DIVORCED	4-10-20 lost birthdoy) Months Doys Hours Min.
6	OA, USUAL OCCUPATION (Give kind of work 10 B. KIND OF BUSINESS OR INDUSTRY done during most of working life, even if retired)	1. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	HuseKreper	Pineville, N. Carolina USA
1:	3. FATHER'S NAME	4. MOTHER'S MAIDEN NAME
	Jenkins, Robert	Thompson, Mary
	Tes. no or unknown) (If yes, give wer or doles of service)   SECURITY NO.	17. INFORMANT ADDRESS
já	NO 1 241-38-2600	Mr. Elijah Russell, Sr. 3415 Edmondson Ave.
	18. CAUSE OF DEATH	POSSIBLE TAMPONADE BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	
	(This does not meen the mode of dying, e.g., heart failure, asthenia, etc. If means the disease,	CONSEQUENCE OF:
	injury or complication which caused death.)	US PERICARDITIS
	ANTECEDENT CAUSES	
	DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS A rise to the above cause (A) stating the	CONSEQUENCE OF:
	UNDERLYING CONDITION last. (C)	2010)
=	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
1	TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	
Tielo	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  19A-DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yos or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
10	U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in	or obout 21C. WHERE DID (If In Boltimore City, give exect location)
III C	DEATH (notify medical examiner)	ce ologe injust office.
1 2	21D. TIME (Month) (Doy) (Yeor) (Hour) 21E INJURY OCCURRED OF INJURY	21F. HOW DID INJURY OCCUR?
3	(APPROX.) While At Not While At Work	
	22. I certify that (I) (this hospital) ottended the deceosed fram	2/17 1972 10 3/19 19/2
	that (1) (we) last saw the deceased alive on 3/19	19 72 and that in(my) (aur) apinian death occurred an the date
	and haur and from the causes stated above (1) (did) (did not) via	ew the body after deoth.
	23A. SIGNAFORE AMON	ding Med. Stoff 1
	Phys.	Director L Phys. L
	23C. PHYSICIAN'S NAME (Type)	D. ADDRESS
2	DEGREE  AA. BURIAL CREMATION,  24B. DATE  24C. NAME of CEMETERY OF CREM	AATORY DAD LOCATION ICH AND A COLOR
II b	REMOVAL (Specily)	
ш	Durial   3-23-1972   Mt. Auburn Cemet	Total Business Control of the Contro
	MAR 22 1972 Pale & Filly 100	Purnell B. Oden / Jones Funeral Homes
I	E 160 DEV 1/1/60	



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

0	BALTIMORE CITY	HEALTH DEPARTMENT		MO 00000
K-52/ 72 02	852 CERTIFICA	TE OF DEATH	REG. NO	72 02852
I. NAME OF DECEASED	CERTIFICA			
(Type or Printle		2. DATE	AND HOUR OF DEATH	0
CLARA J.	KEINSTELD	E12 312	1172-125	
3. PLACE IN BALTIMORE, MARYLAND, WHERE PR	ONOUNCED DEAD	4. USUAL RESIDENCE (W	here deceased lived. If ins	stitution: residence before admission)
FULL NAME OF HOSPITAL OR IN ADDRESS OR LOCATION)	ISTITUTION, GIVE STREET	C. CITY OR TOWN	VD	DE CITY LIMITS?
MARYLAND GEN.	Hosp.	BAL	TO.	YES NO
48	(10)	E. STREET AND NUMBER	Robinson	St.
5. SEX  6. RACE  7. 88 8 9				
F Wido	NED NEVER MARRIED DIVORCED	8. DATE OF BIRTH	9. AGE (In years lost birthdoy)	Months Days Hours Min.
10A. USUAL OCCUPATION (Give kind of work 108, KIN	D OF BUSINESS OR INDUSTRE	11. BIRTHPLACE (Stote of I	oreign country)	12. CITIZEN OF WHAT COUNTRY?
done during most of working life, even if retired)		MAR	XIAND	10. CA
13. FATHER'S NAME		14 MOTHER'S MAIDEN N	IAME	1 4 3 7 1 -
Thomas WITKA		Elizabeth Ko		
15. Was Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT		ADDRESS
15. Was Decessed Ever in U. S. Armed Forces? (Yes, no or unknown) (II yes, give war or dates of serv	214-01-5105	Frank S. Rebi	hafehder 503	S. Robinson St.
18. 1 6 46 1	CAUSE OF DEATH	1 Total Car	132 (0)0	APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY				BETWEEN ONSET AND DEATH
LEADING TO DEATH		SE CARDIO Put	110x1124 1	PROT
This does not mean the mode of dying,	(A) IMMEDIATE CAU	A CONSEQUENCE OF:	TO CONTROL Y	CCC /
heart failure, asthenia, etc. It means the dise injury or camplication which coused death.)	ase,			
ANTECEDENT CAUSES	0.0.0	0	ECT. W. The	
	(B) LARCIH	NOMA OF I	ECTUM C ME	ATAB
DISEASES OR CONDITIONS, if any, gi	ving DUE TO, OR AS	A CONSEQUENCE OF:		
UNDERLYING CONDITION last	(C)			
11	\_/			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTI	NG			
TO THE DEATH BUT NOT RELATED TO THE TERMIN	VAL			
19A-DATE OF OPERATION 19E CONDITION F	N P TH	20A. AUTOPSTA (Yes or	No. 208 IF YES, WERE FI	INDINGS CONSIDERED
	1218 PLACE OF INJUST (e.g. in	or obout 21 C. WHERE DID	(If In Boltimore	City, give exact location)
OR CONTRIBUTING CAUSE OF DEATH (notily medical examiner)  21 D. TIME (Month) (Doy) (Year) (Hours OF INJURY)	home, larm, factory, street, of	ice bldg. INJURY OCCUR	p. III Devillation	only, give exact tocollon,
OF INJURY (Month) (Doy) (Year) (Hour	21E INJURY OCCURRED	21F. HOW DID II	NJURY OCCUR?	
(APPROX)	While At Work Not While			
22. I certify that (I) (this happital) attend	ed the deceased from	2-6-12	10 to 2:	7-1-7 2 10
that (1) (we) last saw the deceased alive			that In(mu) (durit anim	Ion death occurred on the date
			•	ion death occurred on the date
ond hour and from the causes stated abov	e. (i) (ne) (did) (did not) vi	ew the body after death		
	Ather Phys	nding Med.	Staff Phys.	238. DATE SIGNED
23C. PHYSICIAN'S	DEGREE	3D. ADDRESS	rilys. —	7 - 1 / 2
NAME (Typel	DEGREE	MARY	AND C- F	EN HOSP.
24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	C. NAME OF CEMETERY OF CRE	MATORT 24D.	LOCATION (City	, town, or county) (Stole)
Burial 3-24-1972	Oak Lawn	Ba	altimore Count	
25A. DATE REC'D BT HEALTH DEPT. 25B. NAI	ME QE REGISTRAR	25C. FUNERAL DIRECTO	Day	ADDRESS
MALE OF THE THE PLANE OF THE PA	0.0 4	1 T.47 Tar Co. 7447	for The TOOT	1-07 Factorn Are

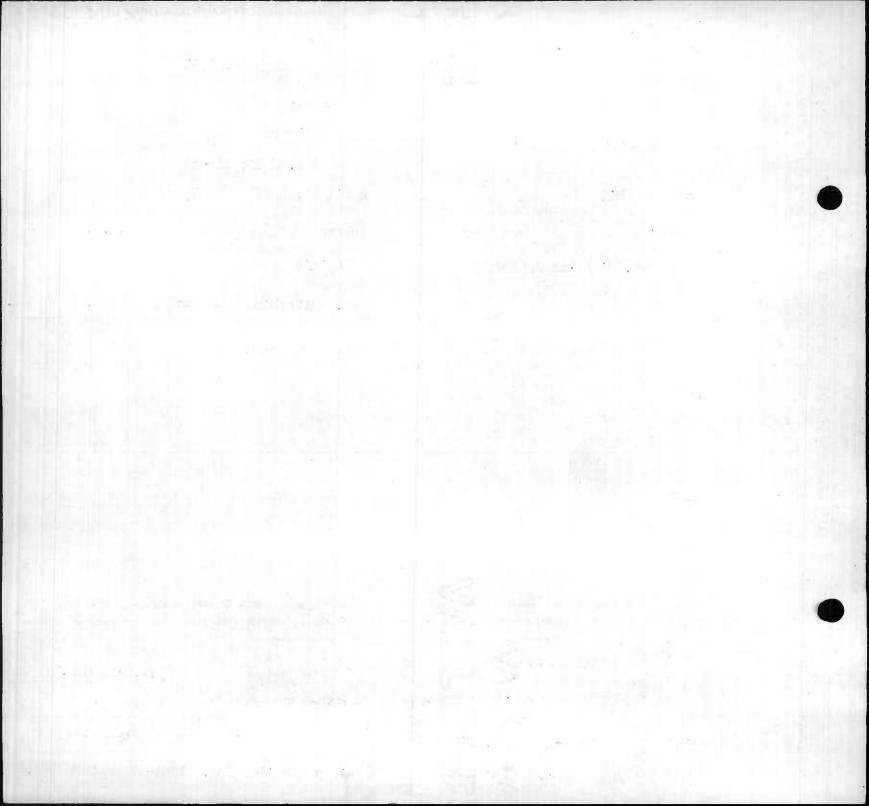
MORTH C' MUTABON WAS 11111 00 1016 VS 150-REV. 1/1/68



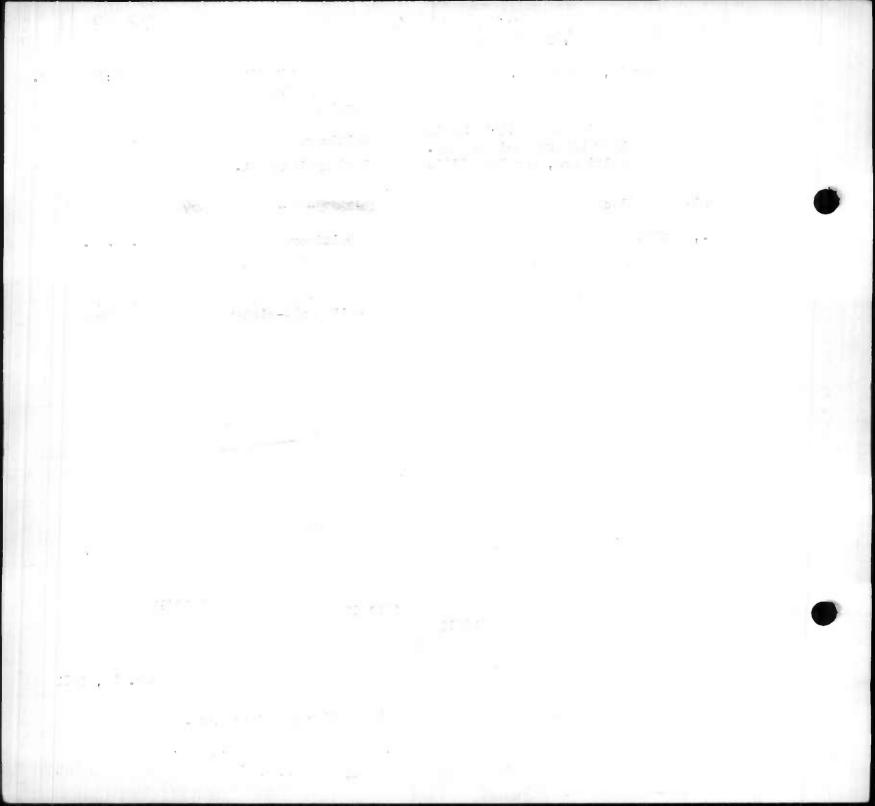
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This the show was deco

11)		BALTIMORE CITY	HEALTH DEPARTMENT		72 02853
W-242	ח פעי	CERTIFICA	TE OF DEATH	REG. NO.	770 0 700 -
NAME OF DECEASED	120	<000		OUR OF DEATH	
ype or Print)	DARIA	WESOLOWSKYJ	March 2	0, 1972	1 A
PLACE IN BALTIMORE, MA	ARYLAND, WHERE P	RONOUNCED DEAD		,	itution: residence before admission)
ULL NAME OF (IF NO	T IN HOSPITAL OF	INSTITUTION CIVE STREET	Maryland		203
SOSPITAL OR ADDRE	SS OR LOCATION	INSTITUTION, GIVE STREET	C. CITY OR TOWN	D. INSIDI	E CITY LIMITS?
) P			Baltimore		YES NO
Church Ho	ome & Hospi	tal	E. STREET AND NUMBER		
			511 S. Wolfe	Street	
SEX 6. RACE	7. MA	RRIED NEVER MARRIED	B. DATE OF BIRTH 9. A	GE (In yeors 72	If Under 1 Yr. If Under 24 Hrs. Months: Doys Hours Min.
Female White	NID!	OWED DIVORCED	April 21, 1899 ost	73	Months Doys Hours Min.
		ND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or loreign of	country)	12. CITIZEN OF WHAT COUNTRY
one during most of working life, e Housewife		n Home	Ukran		U.S.A.
FATHER'S NAME			14. MOTHER'S MAIDEN NAME		
Rev. Nic	cholas Butk	cowsky	Euginia		
. Wos Deceosed Ever in U.	S. Armed Forces?	1 6. SOCIAL	17. INFORMANT		ADDRESS
es, no or unknown) (If yes, give	e wor or dotes of se	SECURITY NO.	Rev. Eustachius	Wesolowsky	j 511 S. Wolfe S
1B, / / /		CAUSE OF OEAT	N.		APPROXIMATE INTERVAL
(This does not mean the heart failure, osthenia, eliniury ar camplicolian water ANTECEDEN  DISEASES OR CONDITION of the obove	Ic. II means the di hich coused death. NT CAUSES TIONS, if ony,	giving DUE TO, OR AS	A CONSEQUENCE OF:  A CONSEQUENCE OF:	50024	62-
(This does nal mean the heart failure, osthenia, et injury ar camplication water and the state of the state o	ne made of dying, Ic. II means the di hich coused death.  NT CAUSES  TIONS, if ony, couse (A) stoting ON lost.    DITIONS CONTRIBUTED TO THE TERM SIVEN IN PART 1 (A).	e.g., DUE TO, OR AS seose, )  (B)	A CONSEQUENCE OF:		
(This does not mean the heart failure, osthenia, eliniury ar camplicotian water and the heart failure, osthenia, eliniury ar camplicotian water and the heart failure are to the obove underlying condition.  OTHER SIGNIFICANT CONTO THE DEATH BUT NOT THE	ne made of dying, Ic. II means the di hich coused death.  NT CAUSES  TIONS, if ony, couse (A) stoting ON lost.    DITIONS CONTRIBUTED TO THE TERM SIVEN IN PART 1 (A).	e.g., DUE TO, OR AS seese, )  giving DUE TO, OR AS g lhe (C)	A CONSEQUENCE OF:  A CONSEQUENCE OF:  20A. AUTOPSY? (Yes or No) 20		NDINGS CONSIDERED
(This does not mean the heart failure, osthenia, eliniury ar camplicotian was anteceded.)  DISEASES OR CONDITION OF THE DEATH BUT NOT TO THE DEATH BUT NOT THE BUT	ne made of dying, Ic. II means the di hich coused death.  NT CAUSES  TIONS, if ony, couse (A) sloting ON lost.    DITIONS CONTRIBU RELATED TO THE TERM SIVEN IN PART 1 (A). N 198. CONDITION WAS PERFORMED  JOERLYING J	e.g., DUE TO, OR AS seese, )  giving DUE TO, OR AS g lhe (C)	20 A. AUTOPSY? (Yes or No)  NO  No or obout 21 C. WHERE DID	DB. IF YES, WERE FIN CERTIFYING CAUS	NDINGS CONSIDERED
(This does not mean the heart failure, osthenia, eliniury ar camplicotion water and the heart failure, osthenia, eliniury ar camplicotion water and the heart failure, osthenia, eliniury ar camplicotion water and the heart failure and the hear	ne made of dying, Ic. II means the di hich coused death.  NT CAUSES  TIONS, if ony, couse (A) sloting ON lost.    DITIONS CONTRIBU RELATED TO THE TERM SIVEN IN PART 1 (A).  N 198. CONDITION WAS PERFORMED  JOERLYING JUSE OF	giving (B)	20A. AUTOPSY? (Yes or No) 20 IN Or or obout 21C. WHERE DID INJURY OCCUR?	DB. IF YES, WERE FIN CERTIFYING CAUS	NDINGS CONSIDERED SES OF DEATH?
(This does nal mean the heart failure, osthenia, et injury ar camplicotion we anteced to the control of the con	ne made of dying, Ic. II means the di hich coused death.  NT CAUSES  TIONS, if ony, couse (A) storing ON tost.    DITIONS CONTRIBURED TO THE TERM SIVEN IN PART 1 (A).  N 198. CONDITION WAS PERFORMED TO THE TERM SIVEN IN PART 1 (A).  N 198. CONDITION WAS PERFORMED TO THE TERM SIVEN IN PART 1 (A).  N 198. CONDITION WAS PERFORMED TO THE TERM SIVEN IN PART 1 (A).  N 198. CONDITION WAS PERFORMED TO THE TERM SIVEN IN PART 1 (A).  N 198. CONDITION WAS PERFORMED TO THE TERM SIVEN IN PART 1 (A).	giving DUE TO, OR AS  (B) DUE TO, OR AS  giving DUE TO, OR AS  (C) DUE TO, OR AS  (ITING  AINAL  FOR WHICH OPERATION  21B. PLACE OF INJURY (e.g., home, form, foctory, street, cetc.)  (C) DUE TO, OR AS  (B) DUE TO, OR AS  (B) DUE TO, OR AS  (B) DUE TO, OR AS  (C) DUE TO, OR AS  (A) DUE TO, OR AS  (B) DUE TO, OR AS  (B) DUE TO, OR AS  (A) DUE TO, OR AS  (B) DUE TO, OR AS  (B) DUE TO, OR AS  (A) DUE TO, OR AS  (B) DUE TO, OR AS  (B) DUE TO, OR AS  (C) DUE TO, OR AS  (B) DUE TO, OR AS  (B) DUE TO, OR AS  (C) DUE TO, OR AS  (B) DUE TO, OR AS  (C) DUE TO, OR AS  (B) DUE TO, OR AS  (C) DUE TO, OR AS  (B) DUE TO, OR AS  (C) DUE TO, OR AS  (	20 A. AUTOPSY? (Yes or No)  NO  21 F. HOW DID INJURY  21 F. HOW DID INJURY  19 6	OCCUR?	NDINGS CONSIDERED SES OF DEATH?  City, give exoct location)  an death accurred an the data
(This does not mean the heart failure, osthenia, eliniury ar complication we anteceded to the control of the co	ne made of dying, Ic. II means the di hich coused death.  NT CAUSES  TIONS, if ony, couse (A) storing ON tost.    DITIONS CONTRIBURED TO THE TERM SIVEN IN PART 1 (A).  N 198. CONDITION WAS PERFORMED TO THE TERM SIVEN IN PART 1 (A).  N 198. CONDITION WAS PERFORMED TO THE TERM SIVEN IN PART 1 (A).  N 198. CONDITION WAS PERFORMED TO THE TERM SIVEN IN PART 1 (A).  N 198. CONDITION WAS PERFORMED TO THE TERM SIVEN IN PART 1 (A).  N 198. CONDITION WAS PERFORMED TO THE TERM SIVEN IN PART 1 (A).	giving DUE TO, OR AS  (B) DUE TO, OR AS  giving DUE TO, OR AS  (B) DUE TO, OR AS  (B) DUE TO, OR AS  (C) DUE TO, OR AS  (B) DUE TO, OR AS  (C) DUE TO, OR AS  (B) DUE TO, OR AS  (A) DUE TO, OR AS  (B) DUE TO, OR AS  (A) DUE TO, OR AS  (B) DUE TO, OR AS  (A) DUE TO, OR AS  (B) DUE TO, OR AS  (A) DUE TO, OR AS  (B) DUE TO, OR AS  (B) DUE TO, OR AS  (A) DUE TO, OR AS  (B) DUE TO, OR AS  (B) DUE TO, OR AS  (A) DUE TO, OR AS  (B) DUE TO, OR AS  (B) DUE TO, OR AS  (A) DUE TO, OR AS  (B) DUE TO, OR AS  (B) DUE TO, OR AS  (A) DUE TO, OR AS  (B) DUE TO, OR AS  (B) DUE TO, OR AS  (B) DUE TO, OR AS  (C) DUE	20 A. AUTOPSY? (Yes or No) NO NO 21 F. HOW DID INJURY 19 6 19 7 2 and that I	OCCUR?	NDINGS CONSIDERED SES OF DEATH?  City, give exoct location)
(This does nal mean the heart failure, osthenia, et injury ar camplicotion we anteced to the state of the sta	ne made of dying, Ic. II means the di hich coused death.  NT CAUSES  TIONS, if ony, couse (A) storing ON tost.    DITIONS CONTRIBURED TO THE TERM SIVEN IN PART 1 (A).  N 198. CONDITION WAS PERFORMED TO THE TERM SIVEN IN PART 1 (A).  N 198. CONDITION WAS PERFORMED TO THE TERM SIVEN IN PART 1 (A).  N 198. CONDITION WAS PERFORMED TO THE TERM SIVEN IN PART 1 (A).  N 198. CONDITION WAS PERFORMED TO THE TERM SIVEN IN PART 1 (A).  N 198. CONDITION WAS PERFORMED TO THE TERM SIVEN IN PART 1 (A).	giving DUE TO, OR AS  (B) DUE TO, OR AS  giving DUE TO, OR AS  (B) DUE TO, OR AS  (B) DUE TO, OR AS  (C) DUE TO, OR AS  (B) DUE TO, OR AS  (C) DUE TO, OR AS  (B) DUE TO, OR AS  (A) DUE TO, OR AS  (B) DUE TO, OR AS  (A) DUE TO, OR AS  (B) DUE TO, OR AS  (A) DUE TO, OR AS  (B) DUE TO, OR AS  (A) DUE TO, OR AS  (B) DUE TO, OR AS  (B) DUE TO, OR AS  (A) DUE TO, OR AS  (B) DUE TO, OR AS  (B) DUE TO, OR AS  (A) DUE TO, OR AS  (B) DUE TO, OR AS  (B) DUE TO, OR AS  (A) DUE TO, OR AS  (B) DUE TO, OR AS  (B) DUE TO, OR AS  (A) DUE TO, OR AS  (B) DUE TO, OR AS  (B) DUE TO, OR AS  (B) DUE TO, OR AS  (C) DUE	20 A. AUTOPSY? (Yes or No)  20 A. AUTOPSY? (Yes or No)  NO  in or obout 21C. WHERE DID ffice bidg., INJURY OCCUR?  21F. HOW DID INJURY  196  1972 and that I view the bady after death.	OB. IF YES, WERE FIND CAUS  (If in Boltimore)  OCCUR?	NDINGS CONSIDERED SES OF DEATH?  City, give exoct location)  an death accurred an the data
(This does nal mean the heart failure, osthenia, eliniury ar camplicotion water and the heart failure, osthenia, eliniury ar camplicotion water and the heart failure, osthenia, eliniury ar camplicotion water and the heart failure, osthenia water and haur and fram the 23A. SIGNATURE	ne made of dying, Ic. II means the di hich coused death.  NT CAUSES  TIONS, if ony, couse (A) storing ON tost.    DITIONS CONTRIBURED TO THE TERM SIVEN IN PART 1 (A).  N 198. CONDITION WAS PERFORMED TO THE TERM SIVEN IN PART 1 (A).  N 198. CONDITION WAS PERFORMED TO THE TERM SIVEN IN PART 1 (A).  N 198. CONDITION WAS PERFORMED TO THE TERM SIVEN IN PART 1 (A).  N 198. CONDITION WAS PERFORMED TO THE TERM SIVEN IN PART 1 (A).  N 198. CONDITION WAS PERFORMED TO THE TERM SIVEN IN PART 1 (A).	giving  giving  giving  DUE TO, OR AS  AN  DUE TO, OR AS  DUE TO, OR AS  DUE TO, OR AS  AN  AN  AN  DUE TO, OR AS  AN  DUE TO, OR AS  AN  AN  AN  AN  AN  AN  AN  AN  AN	20 A. AUTOPSY? (Yes or No)  20 A. AUTOPSY? (Yes or No)  NO  In or obout 21 C. WHERE DID ffice bidg., INJURY OCCUR?  21 F. HOW DID INJURY  19 6  19 7 2 and that I view the bady after death.  ending Med. Staf Phys	OB. IF YES, WERE FIND CAUS  (If in Boltimore)  OCCUR?	NDINGS CONSIDERED SES OF DEATH?  City, give exoct location)  an death accurred an the data
(This does not mean the heart failure, osthenia, eliniury ar camplicotion we anteceded to the control of the co	ne made of dying, Ic. II means the di hich coused death.  NT CAUSES  TIONS, if ony, couse (A) storing ON lost.    DITIONS CONTRIBUTED TO THE TERMSTVEN IN PART 1 (A).  N 198. CONDITION WAS PERFORMED TO THE TERMSTVEN IN PART 1 (A).  N 198. CONDITION WAS PERFORMED TO THE TERMSTVEN IN PART 1 (A).  N 198. CONDITION WAS PERFORMED TO THE TERMSTVEN IN PART 1 (A).  N 198. CONDITION WAS PERFORMED TO THE TERMSTVEN IN PART 1 (A).  TO THE TERMSTVEN IN THE T	giving  giving  GINAL  FOR WHICH OPERATION  21B. PLACE OF INJURY (e.g., home, form, foctory, street, cetc.)  21E. INJURY OCCURRED  While At Not White At Work  Anded the deceased fram  ave. (1) (We) (did) (did nat)	20A. AUTOPSY? (Yes or No) NO In or obout 21C. WHERE DID ffice bldg., INJURY OCCUR?  21F. HOW DID INJURY   OCCUR?  1 CERTIFYING CAUS  (If in Boltimore)  OCCUR?	NDINGS CONSIDERED SES OF DEATH?  City, give exoct location)  an death accurred an the data	
(This does not mean the heart failure, osthenia, eliniury ar camplicotion we anteceded to the control of the co	ne made of dying, Ic. II means the di hich coused death.  NT CAUSES  TIONS, if ony, couse (A) storing ON lost.    DITIONS CONTRIBUTED TO THE TERMSTVEN IN PART 1 (A).  N 198. CONDITION WAS PERFORMED TO THE TERMSTVEN IN PART 1 (A).  N 198. CONDITION WAS PERFORMED TO THE TERMSTVEN IN PART 1 (A).  N 198. CONDITION WAS PERFORMED TO THE TERMSTVEN IN PART 1 (A).  N 198. CONDITION WAS PERFORMED TO THE TERMSTVEN IN PART 1 (A).  TO THE TERMSTVEN IN THE T	giving  giving  giving  Gibe  (C)  DUE TO, OR AS  DUE TO, OR AS  DUE TO, OR AS  DUE TO, OR AS  OUT TO, OR AS  O	20A. AUTOPSY? (Yes or No) NO In or obout 21C. WHERE DID INJURY 21F. HOW DID INJURY 21F. HOW DID INJURY 19 6 19 7 2 and that I view the bady after death. 23D. ADDRESS 26 8 2 - BALTO 24D. LOCA	OCCUR?  OCCUR?  To fundamental field of the second of the second occur.	an death accurred an the date of the date

VS 150-REV. 1/1/6B



1		1/- (22) BALTII	MORE CITY	HEALTH DEPARTMENT	70 0000
26030	B	72 02854 CER	TIFICA	TE OF DEATH REG. NO	72 02854
oital and of death Deceased on the the	1,1	NAME OF DECEASED		2. DATE AND HOUR OF DEATH	
D o e e	il '	Harris, Norman R.		3/20/72	19:35 A-M
	3.	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD		4. USUAL RESIDENCE (Where deceased lived, Il instit	julian: residence before admission)
	FL	ULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE ADDRESS OR LOCATION)	STREET	Maryland	1502
in a ng cau cause; attend	IIN	Provident Hospital Comple	×		CITY LIMITS?
ting d cau d cau r att	-	2600 Liberty Heights Ave.		Baltimore Y E. STREET AND NUMBER	ES NO
ar de.	1980	Baltimore, Maryland 21215	5	1654 Appleton St.	
525 5 7 7 8	5.	SEX 6. RACE 7. MARRIED NEVER MA	RRIED	8. DATE OF BIRTH 9. AGE (In years   I last birthday)	Months Days Hours Min.
occur ontrik ermin regul sased is ma	10/	Male Black WIDOWED DIVE	ORCED	00 to 10 10 11 Em	
in de la como	Haan	ne during most at working life, even it telifed]	INDUSTRE		12. CITIZEN OF WHAT COUNTRY?
dec Unc as e d		S.B Market		Baltimore	U. S. A.
if (4)		Alfred Harris		14. MOTHER'S MAIDEN NAME Rosella Queen	
<u></u>	15.	Was Deceased Ever in U. S. Armed Forces? s, no or unknown) (If yes, give wor or dotes of service)  1 6. SOCIAL SECURITY		Rosella Queen	
	(Ye		NO.	ONE WEEK Sister	ADDRESS
55	-	no 2181860	OF DEATH		Same
d no d		DISEASE OR CONDITION DIRECTLY			BETWEEN ONSET AND DEATH
PA O O E			EDIATE CAUS		Je 3 days
orong ar		heart failure, asthenia, etc. It means the disease, injury or camplication which caused death.)	TO, OR AS A	CONSEQUENCE OF:	7
fra o goul		ANTECEDENT CAUSES	Ay	Certusin	Mean
P A A S		DISEASES OR CONDITIONS, if any, giving DUE	TO, OR AS	CONSEQUENCE OF:	
3 9 C E E E		rise to the above cause (A) stating the UNDERLYING CONDITION last. (C)			
dical dical rrns; rsicia was					
	TION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL	acter	mil Endocar Itis Incu	maire 5 weeks
TEX CO	ICA	DISEASE OR CONDITION GIVEN IN PART 1 (A).  19A-DATE OF OPERATION 198 CONDITION FOR WHICH OPERA	ION	20A AUTOSCAS IV. and NAV 208 IS WELL	10000tob 0000044000000000000000000000000000000
by a m 2) Body re the p physicia	CERTIFICATION	WAS PERFORMED		20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINE IN CERTIFYING CAUSE	S OF DEATH?
	1 -	21A. ACCIDENT WAS UNDERLYINO 21B. PLACE OF IN. home, form, fociory	URY (e.g., in		ity, give exact location)
t by the by	3	DEATH (notify medical examiner)			
hospita nature; cept whe	MEDI	21D. TIME (Month) (Doy) (Yearl (Hour) 21E, INJURY OCCI OF INJURY While At [ ]		21F. HOW DID INJURY OCCUR?	
rover y ne h		Work L	Not While At Work		
0 + E 0 0		22. I certify that (1) (this hospital) attended the deceased	from 2/2		
b b G d		that (1) (we) last saw the deceased alive an 3/20/72		19and that in (my) (aur) apinior	a death occurred on the date
dent of death)		and hour and from the causes stated abave. (1) (We) (dld) (	dld nat) vie		
- V		M-5-3hat	Attend	ling Med. The Staff The	R DATE SIGNED
ac ac t a c or t a c		23C-PHYSICIAN'S NAME (Type)	Phys.	D. ADDRESS	Mar. 20, 1972
y was rely was rely.  (1) An acc.  3.A. at a lod prior to approval		SHAFI.	2	500 Tit	
	24A	REMOVAL (Specify) 24B. DATE 24C. NAME of CEMET	ERY of CREM	600 Liberty Heights Ave.	own, or county) (State)
bod bod ws: b D.C ease		Burial 3-24-72 Arbutus	Mem.	Pk/ Balto., Md.	
This cer the bod shows: was D.C decease	25A	DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAL		Kelson . H. V. Bailey	oun Street
	VS	MAD 9 9 1077 (12 A) 150-APD			

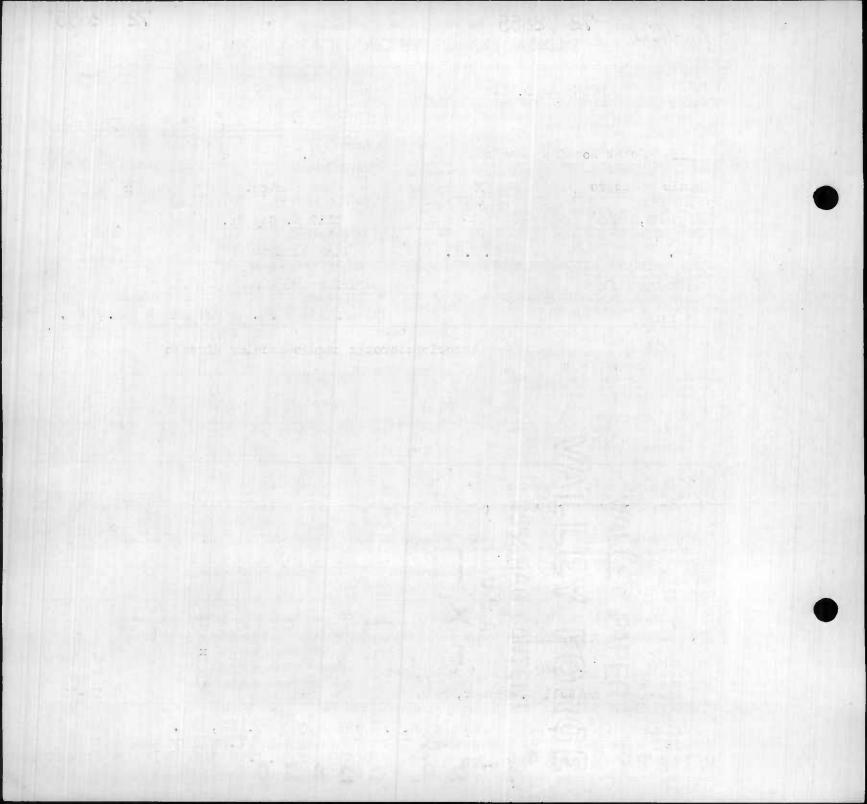


### 6-400 72 02855 BALTIMORE CITY HEALTH DEPARTMENT MEDICAL EXAMINER'S CERTIFICATE

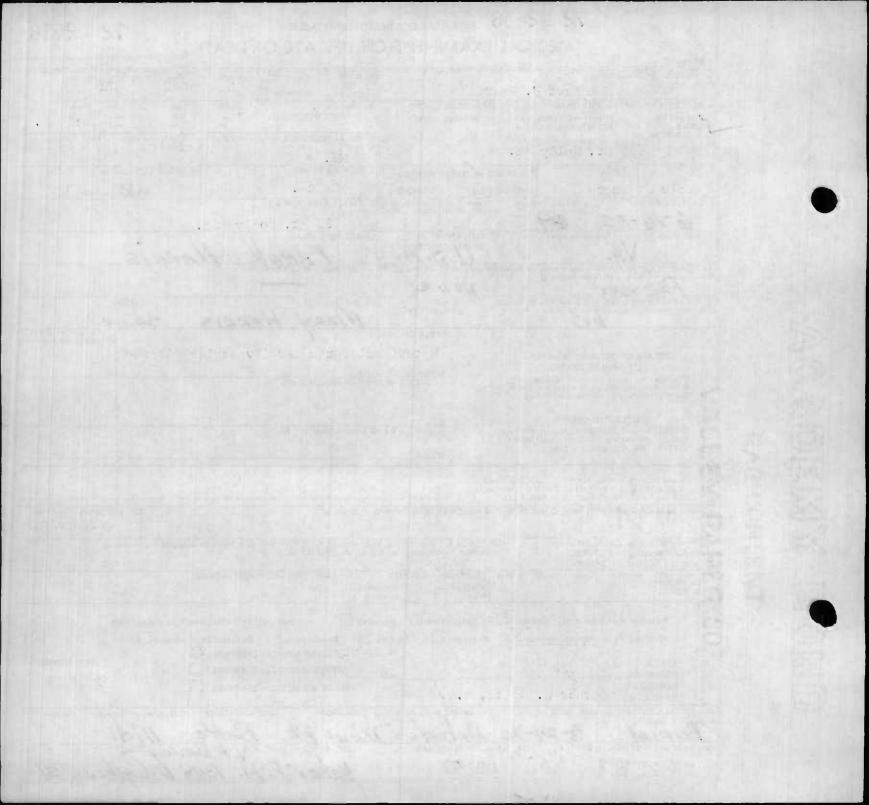
72 02855

	MEDICAL	<b>EXAMINER'S</b>	CERTIFICATE	OF	DEATH
--	---------	-------------------	-------------	----	-------

DID	TH NO.		MILL	ICAL	- L/	AMIII ILIK O	LIXIII	CAI		DLAI	REG. NO			
_		EASED					2. DATE	Know	n 🔲	Month	Doy	Yeor	Hour	
1. NAME OF DECEASED (Type or Print) ADDIE LEE BAILEY						OF		oted 🗆	1000000	201	1001	1001		
	NACE IN BAL					UNICED DEAD	3. DATE	ESTIM	loted 🗀	14 - 41	D	V	Hour	М.
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD							UNCED	DEAD	Month	Doy	Yeor			
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)									3	19	1972		а м.	
OR	NOITUTITZAI						5. USUAL A. STATE	RESIDENC	CE (Where	deceased II	ved. If institution: B. COUNTY	residence l	efore odmis	ssion)
	35	Johns H	lopkins	Hos	pita	al	A. SIMIE	Md.			B. COUNTY		50	25
6. 5		7. RACE			-	NEVER MARRIED	C. CITY O	RIOWN			D. INSIDE CIT	Y LIMITS?		
f	emale	negro	,	WIDOV					Balt	^	VE	s 🛮 k		
	ATE OF BIRT		10. AGE (II			der 1 Yr. If Under 24 Hrs.	E. STREET	AND NII		0.	I YE	SA	ио Ц	
		*	lost birthdo	v)	Mont	hs Doys Hours Min.				0.				
	May 16	*		43					V. Ga	y St.				
11.	BIRTHPLACE (S	lote or foreig	in country)		12. C	HAT COUNTRY?	13. FATHE	_		,				
	Va.								owns					
14A	USUAL OCCU	PATION (Give	e kind of work	14B. KINI	OF E	BUSINESS OR INDUSTRY	15. MOTH	R'S MAII	DEN NA	ΛE				
doni	during most of v	ewife	entitemedy				Noll	ie C	olli	ns				
16.	WAS DECEAS	ED EVER IN	U.S. ARMED	FORCE	S?	17. SOCIAL	1B. INFOR				AD	DRESS		
(Yes	, no or unknown)	(If yes, give v	vor or dotes	of service	e)	SECURITY NO.	CC Hu	mble	F.H	. A	ccomack	Co.	. Va.	
	19. 1/ /	11				CAUSE OF DEA				-			PROXIMATE IN	
	4/0	141											EEN ONSET A	
	DISEAS	E OR COND	ITION DIRE	CTLY		Arterioscle	cotic o	cardio	ovasci	ılar d	isease			
		LEADING TO	DEATH			(A)IMMEDIATE	AUSE							
	(This does n	ot meon the , osthenio, etc	mode of dy	Ing, e.g.,		DUE TO, OR	AS A CONSE	QUENCE	OF:					
	injury or con	nplication whi	ch coused de	oth.)										
		NITECEDENIT	CALICEC											
	ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING  DUE TO, OR AS A CONSEQUENCE OF:													
	RISE TO THE	E ABOVE CA	USE (A) STA	TING THE										
z	UNDERLYIF	NG CONDITI	ION LASI.			(c)								
CERTIFICATION			11											
5	OTHER SIGN	NIFICANT CON	NDITIONS C	ONTRIBU	TING									
Ē	DISEASE OR	CONDITION	GIVEN IN P	ART 1 (A)	).	***********								
FR	20A. DATE OF	F OPERATION	1 20B. COI	NDITION	FOR	WHICH OPERATION W	AS PERFOR	MED				21. AUTO	PSY? (Yes	or No)
ū	21											ve	9	
7	22A. EXTER	NAL CAUSE	WAS		228. P	PLACE OF INJURY (e.g.,	in or obout	22C. WH	ERE DID	(If In Boltimo	re City, give exoc	1		
일	UNDERLYING	OR CON	TRIB-			, form, foctory, street, offic								
MEDIC	UTING CA			\ (II)	1 100	THE THE PARTITION OF TH		225 401	ALDID IN	JURY OCC	LIDO			
-	OF INJURY	(Month) (L	Ooy) (Yeo	r) (Hou	′	ZE.INJURY OCCURRED	WHILE -	22F. HO	אוו טוט או	JURY OCC	UKF			
	(APPROX.)						ORK							
	23.													
	I cert	tify that I h	eld an I	nquiry		InspectionAu	topsy X	and 1	that an t	his basis,	death in my	pinian		
	resul	ted fram: N	latoral cau	ses 🛛	A	ccident Suicio	de 🗌 🕒	lamicide		Undetermi	ned manner			
		/	. /			101		CHIEF N	EDICAL I	XAMINER	<u>x</u>			
	ACTUAL	8 /	Lund	$\alpha$	X	asho!	ASS	ISTANT A	MEDICAL I	XAMINER			DATE SIG	MED
	SIGNAT	1		4	UV	M.C	٠.			XAMINER				
	EXAMIN NAME (1	73	Russell	. S.	Fisl	her, M.D.	A55	OCIAIE N	TEDICAL	VAMINEK		3.	-20-72	
24	A. BURIAL CRE	11 1	4B. DATE			C. NAME of CEMETERY	or CREMAT	ORY	24D.	LOCATION	(City, Iown			
	MQVAL (Speci	fy)		72		Burton M.C.				lelfa,				
	Burial		3-30-											
25.	A. DATE REC'D				P	OF REGISTRAR	25C.	FUNERA	L DIRECT	OR V . DE		DRESS	Char	a de
N	AR 22 1	1972 V	shalf &	· Marie	an-	fra o	Ke	Lson	F. H	. 15	140 val.	noun	Stre	86
1	N. W. D. N.			1			0 10	- 13	11	1				



72 02856 RALTIMORE CITY HI	EALTH DEPARTMENT	MO 400FA
1/4-/ 2/3		72 02856
BIRTH NO.	CERTIFICATE OF DEATH REG. NO.	
I. NAME OF DECEASED	2. DATE Known Month Day	Yeor Hour
(Type or Print) Robert F. Harris	OF DEATH Estimoted 3 21	72
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Manth Day	Year Haur
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	PRONOUNCED DEAD 3 21	72 8:30 a. M.
733 Mt. Holly St.	5. USUAL RESIDENCE (Where deceased lived, if Institution A. STATE B. COUNTY Md.	residence before admission)
6. SEX 7. RACE 8. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE CI	TY LIMITS?
male Negro WIDOWED DIVORCED	Balto.	s 🛭 NO 🗆
9. DATE OF BIRTH 10. AGE (In years   H Under 1 Yr. H Under 24 Hrs.   Months, Days, Hours, Min.	. E. STREET AND NUMBER	110
11. BIRTHPLACE(State or fareign country) 12. CITIZEN OF	13. FATHER'S NAME	
WHAT COUNTRY?	Fond Happ	
14A.USUAL OCCUPATION (Give kind of work 14B. KIND OF BUSINESS OR INDUSTR	TY 15. MOTHER'S MAIDEN NAME	2
dane during most of warking life, even if retired)  RESSET  NONE		
16. WAS DECEASED EVER IN U.S. ARMED FORCES? 117. SOCIAL	18. INFORMANT A	DDRESS
(Yes, na ar unknawn) (If yes, give war or dates of service) SECURITY NO.	M= 111	
19. // CAUSE OF DEA		APPROXIMATE INTERVAL
7/8/7		BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY ATTETIC	osclerotic cardiovascular disea	ise
(This daes not mean the mode of dying, e.g., (A)IMMEDIATE	CAUSE AS A CONSEQUENCE OF:	
heart failure, asthenia, etc. Il means the disease, injury ar camplication which caused death.)	AS A CONSEQUENCE OF	
ANTECEDENT CAUSES  (B)	AS A CONSEQUENCE OF:	
RISE TO THE ABOVE CAUSE (A) STATING THE	AS A CONSEQUENCE OF:	
UNDERLYING CONDITION LAST. (C)	***************************************	
U II		
C)		
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W	AS PERFORMED	21. AUTOPSY? (Yes or No)
ŭ		no (inguiry)
₹ 22A. EXTERNAL CAUSE WAS   22B. PLACE OF INJURY (e.g.,	, in or obout 22C. WHERE DID (II in Baltimare City, give exo	
U HAIDERIVING TOP CONTRIB	ce bldg., etc.) INJURY OCCUR?	ci iocanon)
UTING CAUSE OF DEATH.  22D. TIME (Manth) (Day) (Year) (Hour)   22E.INJURY OCCURRED	22F. HOW DID INJURY OCCUR?	
OF INJURY	T WHILE [	
m. WORK AT V	WORK L	
	stopsy ond that on this basis, death in my	
resulted from: Natural causes XX Accident Suici		
ACTUAL WILLIAM I I I	Deputy CHIEF MEDICAL EXAMINER	DATE SIGNED
SIGNATURE M.E	ASSISTANT MEDICAL EXAMINER	
EXAMINER'S Werner U. Spitz, N.D.	ASSOCIATE MEDICAL EXAMINER	3/21/72
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY REMOVAL (Specify)	or CREMATORY 24D. LOCATION (City, town	, or county) (State)
BURIAL 3-24-72 ARhatus	Man OK Ratto 1	nd.
25A. DATE REC'D BY HEALTH DEPT.   25B. NAME OF REGISTRAR	25C, FUNERAL DIRECTOR DE COLOR	DDRESS
MADOO SOFT OR BE TO THE MEDI	I bet VIK DAILET	1011
MINING CONTRACTOR OF THE PROPERTY OF THE PROPE	1 Belson F. H. 1348 N.	Alhoun St.
VS 151-REV. 1/1/68		



25C. FUNERAL DIRECTOR

**ADDRESS** 

Morton & Dyett F. H. 1701 Laurens St.

25B. NAME OF REGISTRAR

25A. DATE REC'D BY HEALTH DEPT.

Adequate months of a bules who less a

Managaret weekna penil heald at at a

HRS

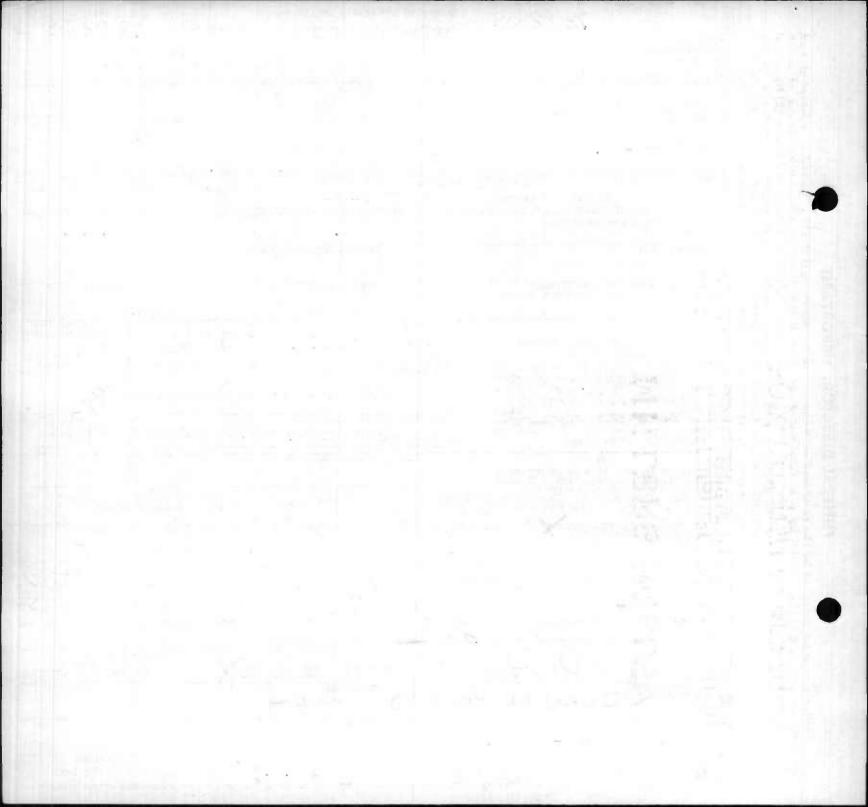
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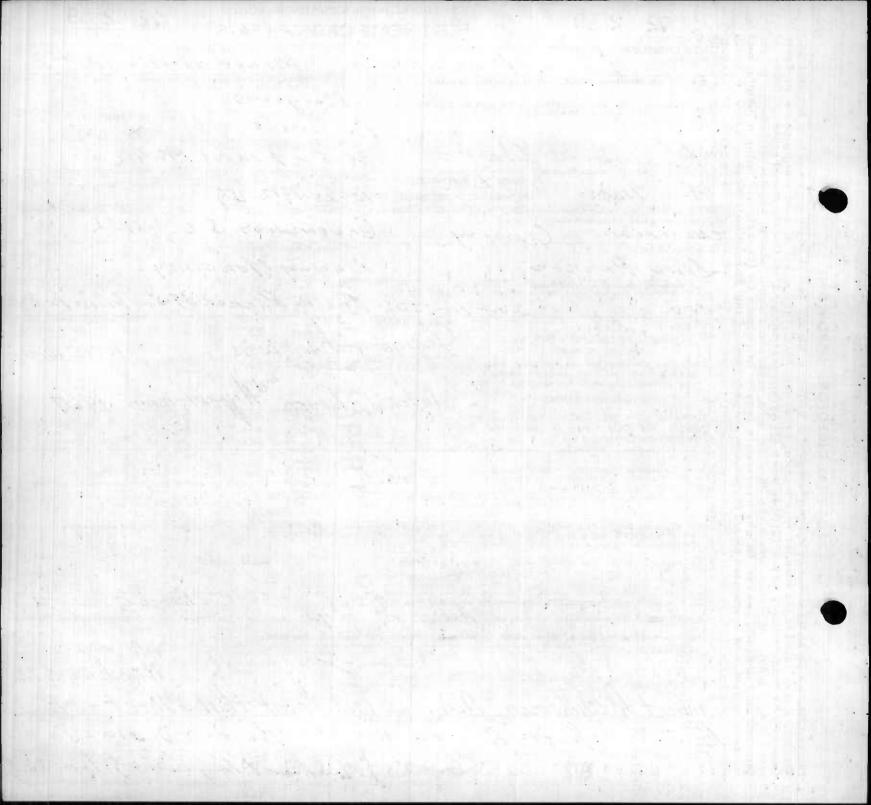
	1 NO. ME OF DECEASE		2858	CERTIFICA	TE OF DEATH	REG. NO.	72 02858		
	or Print)		12 50		3	121/72	12155 a		
FUL! HOS		ORE MARYLAND, V (IF NOT IN HOSPI ADDRESS OR LOC			A. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission and an aryland C. CITY OR TOWN D. INSIDE CITY LIMITS?				
81		-Md. Gene	eral Hos	pital	Baltimor E. STREET AND NUMBE 1820 Bol	R	YES NO		
5. SE		ACE		NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years last bipthday)	Il Under 1 Yr. If Under 24 Hr. Months: Days Hours Min.		
	le No	egroid	WIDOWED	DIVORCED	2-28-12 11. BIRTHPLACE (State or	60			
done	resser	ng life, even if retired)	IND OF BU	SINESS OK INDUSTRY	Ga.	foreign country)	U.S.A.		
13. F/	THER'S NAME		******		14. MOTHER'S MAIDEN	NAME			
18 90	n Deserved Form	I- 0 8 A- 11-	9 197						
(Yes,	o or unknown) (It y	in U. S. Armed For es, give war or date	s of service)	SECURITY NO.	17. INFORMANT		ADDRESS		
	10			CAUSE OF DEAT	Mary Jones		Same APPROXIMATE INTERVAL		
ATION	This does not mean DENT 184 on the part of	DING TO DEATH  LOGICAL TO DEAT	Stating the  NTRIBUTING HE TERMINAL 1 1 (A)	(6) DUE TO, OR AS	A CONSEQUENCE OF:  A CONSEQUENCE OF:    200A. AUTOPSY? (Yes. o)	(NS) den	The second		
CERTIF	3 5 7	AS UNDERLYING DE CAUSE OF	FORMED Wen	of round	7		FINDINGS CONSIDERED AUSES OF DEATH?  ore City, give exact location)		
DICA	EATH (notify medi	col examined	elc.)	orm, factory, street, of	or obout 21C. WHERE DIE		olton St/40		
(APPROX) 3/4 12 4 pm Work 1 1-ell while intoxicale									
22. I certify that (this hospital) attended the deceased from 3 4 19 2 to 3 2 19 2 that (Wee) last saw the deceased olive an 3 2 0 19 2 ond that In (47) (our) opinion death occurred on the day									
					ond	that In (197) (our) op	Inlon death occurred on the do		
	A. SIGNATURE	TMD:	~10	M) Atto	nding Med.	Stoff Phys.	23E DATE SIGNED		
	NAME TEXPE	JUAN	M. P	DE GREE!	3D. ADDRESS	7			
775	BURIAL CREMATIC REMOVAL (Specil, 171al	3-25-		Auburn Cer		Baltimore,	Maryland		
ZSA.	MAR 22 T	12 P.C. A	258, NAME OF R		Kedson Hil	o. V. ailey	alhoun Street		

BALTIMORE CITY HEALTH DEPARTMENT



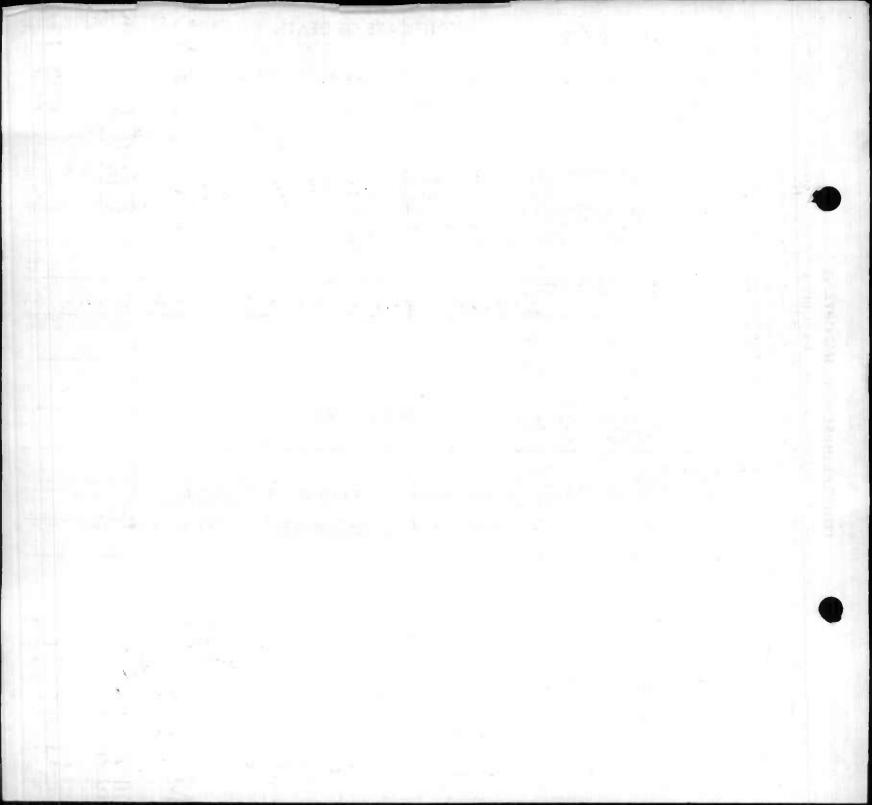
### This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. IMPORTANT FUNERAL DIRECTOR:

ma 00050	BALTIMORE CITY	HEALTH DEPARTM	ENT	70 02259				
72 02859	CERTIFICA	TE OF DEA	TH REG. NO.	72 02859				
BIRTH NO.	CERTITION							
Type or Print	anker.	Sn. 2.0	MARCH IF	-1972 10,45PM				
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUN		4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission) A. STATE B. COUNTY  May Land						
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUT ADDRESS OR LOCATION)	ION, GIVE STREET	C. CUY OR TOWN	D. II	NSIDE CITY LIMITS?				
		SOLTIM		YES NO				
PROVIDONT Los	p.	E. STREET AND NUM	MBER	PK. 47				
5. SEX 6. RACE 7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years lost bigthday)	II Under 1 Yr. II Under 24 Hrs. Months Doys Hours Min.				
10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF	DIVORCED DISTRY	12-25-1	or foreign country)	12. CITIZEN OF WHAT COUNTRY?				
done during most of working life, even if retired)		GROONL		USA				
13. FATHER'S NAME		14, MOTHER'S MAIDEN NAME						
Soun Parken			Monain					
15. Was Deceased Ever in U. S. Armed Forces?   (Yes, no or unknown) (If yes, give wor or dates at service)	6. SOCIAL SECURITY NO.	17. INFORMANT	10 . 2	SISW. FOR OUT PX AC				
24	10-5506		MARKER 3)					
18. / / O I	CAUSE OF DEATH	-/	,	BETWEEN ONSET AND DEATH				
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	YGRONA	cythron	phosis	10-15 mins				
(This does not mean the made of dying, e.g.,  (This does not mean the made of dying, e.g.,								
heart failure, asthenia, etc. It means the disease, injury ar camplication which caused death.)								
ANTECEDENT CAUSES	Aptop	morana	HOPPETE	PASCON 1017				
DISEASES OR CONDITIONS, if any, giving	DUE TO, OR AS	A CONSEQUENCE OF		76				
tise to the above cause (A) stoling the UNDERLYING CONDITION tost.								
II	(C)	,						
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL ODISEASE OR CONDITION GIVEN IN PART 1 (A).	Obes	te						
	HICH OPERATION	20A. AUTOPSY? (Y	es or No) 20B. IF YES, WEI	RE FINDINGS CONSIDERED				
198. CONDITION FOR WIN WAS PERFORMED				CAUSES OF DEATH?				
OR CONTRIBUTING CAUSE OF Home,  DEATH (notify medical examiner)	LACE OF INJURY (e.g., i form, foctory, street, of	n or obout 21 C. WHERE fice bldg., INJURY OC	DID (If in Boltin	more City, give exoct locotion)				
	NJURY OCCURRED	21F. HOW (	DID INJURY OCCUR?					
	At Not While	e 🗍						
22. I certify that (I) (this haspital) attended the		3-8-67	19 to 1/2	ARCh 17 1972.				
that (1) (we) last saw the deceased alive an MARCh 17 19 72 and that in (my) (our) apinlan death accurred on the date								
and haur and fram the causes stated above. (1) (Waldid) (did nat) view the body after death.								
23A_EIGNATURE 23B_VATE SIGNED								
Attending Med. Director Shoff Director Phys. Director Phys. Director Phys. D								
23C. PHYSICIAN'S	DEGREET	23D. ADDRESS	, /)	1/1AILC 1 20, 19 12				
Albert & Wilkerson	(h).	1200 PAI	int tail &	tpppt - 21202				
24A BURIAL CREMATION, 24B. DATE 24C. NAM	AE of CEMETERY of CRI	MATORY	24D. LOCATION	(City, town, or county) (Stole)				
Gunt 3/22/12 An	LOURUS MO	m PK	Bouran	2) 21227				
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF		725C. FUNERAL D	RECTOR - 1	(38 b gilmin 1 f				
MAR 22 1972 Tober E.	tarper hear	Marisa	and of Stranger	45 mililion				
VS 150-REV. 1/1/68								



the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

Т	BALTIMORE CITY HEALTH DEPARTMENT  CERTIFICATE OF DEATH  REG. NO. 72 02860									
110	BIRTH NO. 72 02860	CERTIFICA	TE OF DEATH		U286U					
	Typo or Print Me Cant	James	00	HOUR OF DEATH	105 AM					
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRO	HOUNCED DEAD	A STATE & COUNT		ution: residence belove admission)					
- 11	FULL NAME OF HOSPITAL OR INSTITUTION  (IF NOT IN HOSPITAL OR INSTITUTION	STITUTION, GIVE STREET	C. CITY OR TOWN 1 D. INSIDE CITY LIMITS?							
	39 Promotent	- Hop.	E. STREET AND NUMBER	1011	ES NO 🗌					
1	S. SEX   6. RACE /   7. MAPPI		8. DATE OF BIRTH. 19. AGE III yours   Winder 1 Ye, If Under 24 His.							
	m N WIDOW		12-26-15	56,48	Onths Doys Hours Min.					
	10A. USUAL OCCUPATION (Give kind of work 10B, KIND done during most of working life, even if religid)	OF BUSINESS OF INDUSTRY	10	n country) S, C	2. CITIZEN OF WHAT COUNTRY?					
	13. FATHER'S NAME		14 MOTHER'S MAIDEN NAM	IE						
	CAIN Mc CAN									
100	5, Was Deceased Ever in U. S. Armed Forces?  Yes, no or unknown    (If yes, give war or dates of service)	SEGURITY NO.	17. INFORMANT	4. Claur 2	Lentoyula Sory					
1	18. 4-12. 4-1 CAUSE OF DEATH									
	LEADING TO DEATH  (A) IMMEDIATE CAUSE OF F, anhydring									
	(This does not mean the mode of dying, e.g., heart failure, asthenic, etc., it means the disease,									
	ANTECEDENT CAUSES	mylysema								
	DISEASES OR CONDITIONS, If any, giving DUE TO, OR AS A CONSEQUENCE OF:									
	UNDERLYING CONDITION lest. (C)									
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO THE TERMIN									
	O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE REMIN DISEASE OR CONDITION GIVEN IN PART 1 (A).  19A-DATE OF OPERATION 19B-CONDITION FOR WAS PERFORMED  21A-ACCIDENT WAS UNDERLYING TO	OR WHICH OPERATION	20A AUTOPSY? (Yes or No)	208 IF YES, WERE FINI	DINGS CONSIDERED					
	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examined)	218. PLACE OF INJURY (e.g., i home, farm, factory, steet, o etc.)	n or obout 21 C. WHERE DID	(II In Baltimore C	ity, give exect location)					
		While At Not While	21F. HOW DID INJU	JRY OCCUR?						
	(APPROXI	Work At Work		Ar.						
	22. I certify that (1) (this tospital) attended that (1) (ye) last saw the deceased alive	Man Cha		/ minimum 1 d amount and a minimum	in death accurred on the date					
	and hour and fram the causes stated above	40								
	23A. SIGNATURE . Chitagle	Atte		Stoff Phys.	3-21-72					
	23C. PHYSICIAN'S NAME (Typel V. Chitraplee 23D. ADDRESS Prowdent Hop-									
	24A. BURIAL CREMATION, 248. DATE 240	C, NAME OF CEMETERY OF CR	EMATORY 24D. LO	CATION (ICity.	lown, or county) (State)					
		ME OF REGISTRAR	YESC. FUNERAL DIRECTOR	56-38nd	ADDRESS					
		Faber KEY	hut of the	1100011	IF / MA 44					
,	VS 150-REV. 1/1/68	118								



12:30

NO

Havis

ADDRESS

Same

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

If Under 24 Hrs.

D.O.A.

he body

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IMPORTANT

FUNERAL DIRECTOR:

the

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH 72 02861 BIRTH NO. I NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) Parker, Orabelle 3/20/72 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONDUNCED DEAD USUAL RESIDENCE (Where deceased lived, Il institution; residence 4. USUAL A. STATE B. COUNTY FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) Maryland C. CITY OR TOWN D. INSIDE CITY LIMITS? Provident Hospital Complex Baltimore YES X 2600 Liberty Heights Ave. E. STREET AND NUMBER Baltimore, Maryland 21215 4507 Norfolk Ave 5. SEX 6. RACE 8. DATE OF BIRTH 9. AGE (In years MARRIED NEVER MARRIED II Under 1 Ye. WIDOWED Female Black WIDOWED DIVORCED 01/10/05

10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) DIVORCED 01/10/05 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) U. S. A. None 13. FATHER'S NAME 4 MOTHER'S MAIDEN NAME ORGE WOSHINGTON 15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dotes of service) 17. INFORMANT 6. SOCIAL SECURITY NO. Romeo McClarry-Daughter 18. / CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, Injury or camplication which caused death.) ANTECEDENT CAUSES (B) DUE TO, OR AS A CONSEQUENCE OF: DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. AUTOPSY? (Yes of No.) 20R. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 19A-DATE OF OPERATION 198 CONDITION FOR WHICH OPERATION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? (II In Bolilmore City, give exect location) OR CONTRIBUTING CAUSE OF MEDICAL DEATH (notify medical examined (Month) (Doy) (Year) (Hour) 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY Not While While At (APPROXI Work At Work 22. I certify that (I) (this hospital) attended the deceased from 3/20/72 10\_3/20/72 that (I) (we) last saw the deceased alive an 3/20/72 19\_ and that in (my) (aur) apinion death occurred an the date and hour and from the causes stated above. (1) (We) (did) (did not) view the bady after death.

> Attending [ Med. 23 D. ADDRESS

23R DATE SIGNED

DEGREE

24C. NAME of CEMETERY OF CREMATORY

2600 Liberty Heights Ave. (City, town, or county)

Stoff

REMOVAL (Specify) MONENS NOW 258, NAME OF REGISTRAR

25C. FUNERAL DIRECTOR

ADDRESS

VS 150-REV. 1/1/68

24A. BURIAL CREMATION, 248. DATE

23A. SIGNATURE

23 PHYSICIAN'S NAME (Type)

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men NoClarry-Imaghter

CHILL

. Ber har the case in the

25C. FUNERAL DIRECTOR

25A. DATE REC'D BY HEALTH DEPT.

VS 151-REV. 1/1768

25B, NAME OF REGISTRAR

4-28-1972 - Letter - Office of the Chief Medical Examiner, Peter Lipkovic, M.D. .:
Assistant Medical Examiner

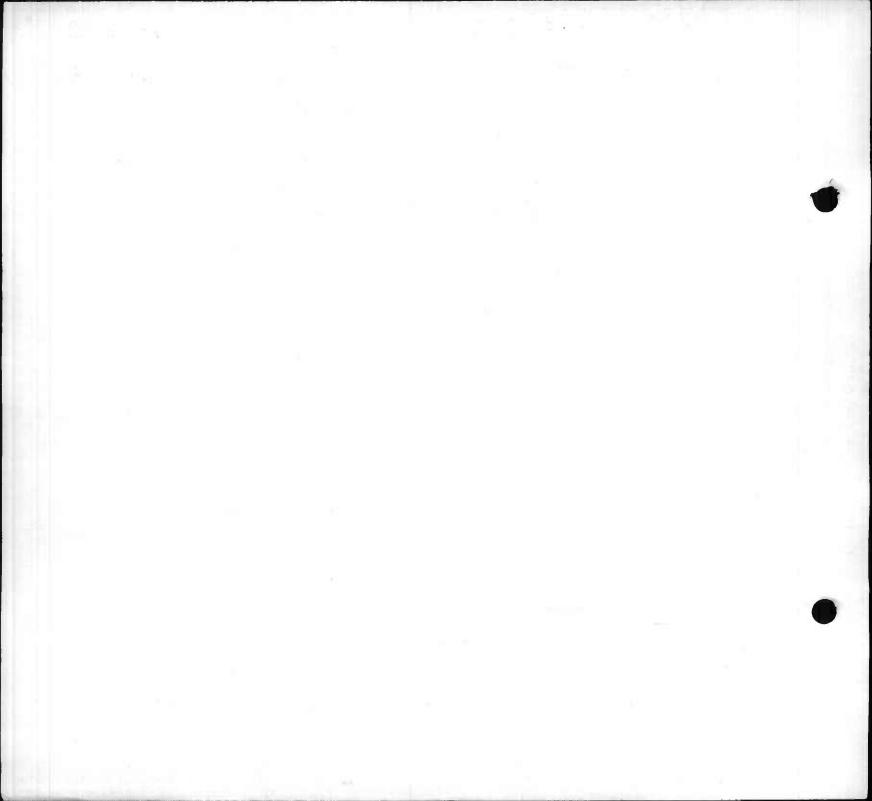
HRS.

5/2/22 - Carbon monotride from space heater

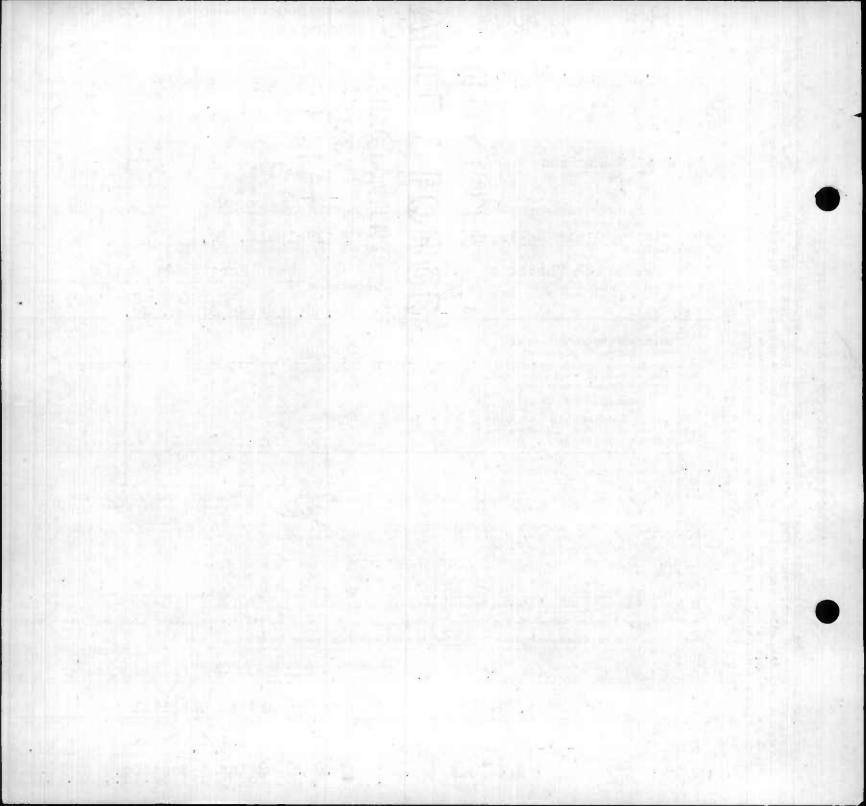
## FUNERAL DIRECTOR: IMPORTANT

death Deceased Such and uo hospital death. of attendance (5) cause cause; 0 0 = prior contributing occurred T is made. regular Undetermine deceased death disposition 2 9 CS the direct 4 3 eath 0 kind final the gular attendance embalmed or fina ס any pronounced Also. of fracture examiner examiner. regular who 4 0 3 0 2 physician mains medical medical MOS burns: physician chief Body 0 the 8 before the 3 where to the hospital ů any nature; obtained 9 approved (except and pe o death) hospital he body was released must accident 0 approval 8 prior at An D.O.A. shows: (1) deceased written Was

BALTIMORE CITY HEALTH DEPARTMENT 72 02863 CERTIFICATE OF DEATH BIRTH NO. I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission) COUNTY FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET -ADDRESS OR LOCATION) HOSPITAL OR C. CITY OR TOWN D. INSIDE CITY LIMITS? YES NO E. STREET AND NUMBER 5. SEX 6. RACI 7. MARRIED NEVER MARRIED 8. DATE O 9. AGE (in years Il Under 1 Yr. If Under 24 Hrs. Doys lost birthdoy Hours WID OWED 4 DIVORCED 60 10A. USUAL OCCUPATION Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Chan Chauffen 13. FATHER'S HAME 14. MOTHER'S MAIDEN NAME 15. Was Descased Ever in U. S. Armed Force? (Yes, no or unknown) (If yes, give war or dates of service) 6. SOCIAL 17, INFORMANT ADDRESS SECURITY NO 210CT4 18. CAUSE OF DEATH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) IMMEDIATE CAUSE (This does not mean the made of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF: heart lailure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES (B)\_\_\_\_\_\_\_DUE TO, OR AS A CONSEQUENCE OF: DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION lost CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No) 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 218 PLACE OF INJURY (e.g., in or obout 21C, WHERE DID home, form, factory, street, office bldg., INJURY OCCUR? (If in Boltimore City, give exoct location) MEDICAL DEATH (notify medical examined) etcJ 21 D. TIME (Hour) (Month) (Doy) (Year) 21 E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY Not While While At (APPROX.) Work At Work 22. I certify that (I) (this hospital) attended the deceased from 1 gran that (I) (we) lost sow the deceased alive on. ond that In(my) (our) opinion death occurred on the date ond hour and from the couses stated above. (1) (Wa) (did not) view the body after death. 23A. SIGNATURE 238, DATE SIGNED Attending Med. Director Phys. 23 C. PHYSICIAN'S NAME (Type) 23D. ADDRESS DEGREE 24A. BURIAL CREMATION. 24C, NAME of CEMETERY OF CREMATOR 248. DATE 24D. LOCATION (City, town, or county) REMOVAL (Specify) (Stole HEALTH DEPT. 258, NAME OF REGISTRAR FUNERAL DIRECTOR ADDRESS 9 0 VS 150-REV. 1/1/68

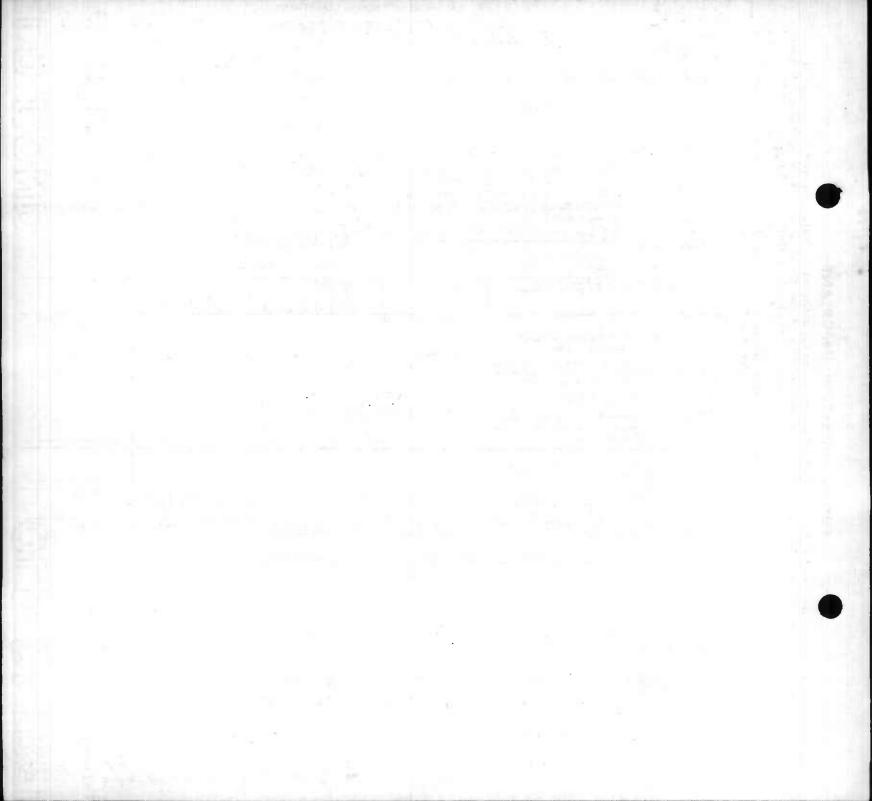


Typ	AME OF DEC				3/19/	72	тн + 11:2	
3. P	PLACE IN BAL	Lester S	HERE PRONOU	Sr.	4. USUAL RESI	DENCE (When	re deceased lived. I	f institution: residence
FU L	LL NAME OF	(IF NOT IN HOSPITA			Maryla	B. COUN		NSIDE CITY LIMITS?
6	15			Balti E. STREET AND	more NUMBER	21210	YES A. N	
_		d Samaritan					od Road	21210
-	Male	6. RACE	WIDOWED		09-04	-89	9. AGE (In years lost birthday) 82	If Under 1 Yr. Months Doys
C	during most of onsult	UPATION (Give kind of work working tife, even if retired) ing Civil E			Phildelphia, Pa. USA			
3. [	FATHER'S NA	ME			14. MOTHER'S	MAIDEN NA	ΜE	
	Fr	ederick Chr	ristian	Simon			Mary Box	wen Potts
S. V Yes	Was Deceased s, na ar unknown NO	Ever in U. S. Armed For (If yes, give war ar date	ces? s of service)	16. SOCIAL SECURITY NO.	Mrs. H		806	E. Semina
	18. A	/ 7		213-10-7590 CAUSE OF DEAT	H FIL F	· nes	PAT. PTHOI	APPROXI
	rise to the	ANTECEDENT CAUSES  OR CONDITIONS, if e obove couse (A) G CONDITION lost	ony, giving	(B)		CE OF:		
Z	rise to the	OR CONDITIONS, if e obove couse (A) G CONDITION lost.	ony, giving stoting the	(B)		CE OF:		
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RTIFIC	OTHER SIGNII TO THE DEAD DISEASE OR C	OR CONDITIONS, if e obove couse (A) G CONDITION lost.	ony, giving stoting the NTRIBUTING HE TERMINAL IT I (A). DITION FOR WEORMED	(C)	20A. AUTOP:	SY? (Yes or No	IN CERTIFYING	CAUSES OF DEATH?
CAL CERTIFIC	OTHER SIGNII TO THE DEAD DISEASE OR CONTRIBUTE OR CONTRIBUTE DEATH (notify	OR CONDITIONS, if e obove couse (A) G CONDITION lost.	ony, giving stoting the  NTRIBUTING HE TERMINAL IT I (A).  DITION FOR WE FORMED  21B. hometc.)	VHICH OPERATION  PLACE OF INJURY (e.g., e, form, foctory, street, o	20A. AUTOP: in or obout 21 E. W.	GY? (Yes or No	IN CERTIFYING	RE FINDINGS CONSID CAUSES OF DEATH? more City, give exact lo
DICAL CERTIFIC	OTHER SIGNII TO THE DEAL DISEASE OR CO 19A. DATE OF	OR CONDITIONS, if e obove couse (A) G CONDITION lost.  II FICANT CONDITIONS CO TH BUT NOT RELATED TO TO CONDITION GIVEN IN PAR F OPERATION NAS PERI NT WAS UNDERLYING UTING CAUSE OF	ony, giving stoting the  NTRIBUTING HE TERMINAL IT I (A).  DITION FOR WE FORMED    218. hometc.)	VHICH OPERATION  PLACE OF INJURY (e.g., e, form, foctory, street, o	20A. AUTOP:	SY? (Yes or No LANGE DID Y OCCUR?	(If in Bolti) URY OCCUR?	CAUSES OF DEATH?
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MEDICAL CERTIFIC	OTHER SIGNII TO THE DEAT DISEASE OR CO 19A. DATE OF  21A. ACCIDE OR CONTRIBUTE OF INJURY (APPROX.)  22. I certify that (I) (we) and hour on 23A. SIGNATU 23C. PHYSICIA	OR CONDITIONS, if e obove couse (A) G CONDITION lost.  II FICANT CONDITIONS CO TH BUT NOT RELATED TO TI CONDITION GIVEN IN PAR F OPERATION 198. CON WAS PER!  NT WAS UNDERLYING UTING CAUSE OF medical exominer)  (Month) (Day) (Year)  That (1) (this hospital ) last saw the decease d from the couses stat	ony, giving stoting the  NTRIBUTING HE TERMINAL IT I (A).  DITION FOR WE FORMED    218. hometc.)  (Hour) 21E. Whit World	VHICH OPERATION  PLACE OF INJURY (e.g., e., form, foctory, street, o	20A. AUTOP:  in or about 21E. W.  iffice bldg., INJUR  21F. H.	SY? (Yes or No Lease DID Here DID Y OCCUR?	(If in Bolting OCCUR?	CAUSES OF DEATH?
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MEDICAL CERTIFIC	OTHER SIGNII TO THE DEAD DISEASE OR C 19A. DATE OF  21A. ACCIDE OR CONTRIBL DEATH (notify 21D. TIME OF INJURY (APPROX.)  22. I certify that (I) (we) and hour on 23A. SIGNATL 23C. PHYSICIA NAME (I)	OR CONDITIONS, if e obove couse (A) G CONDITION lost.  II FICANT CONDITIONS CO TH BUT NOT RELATED TO TO CONDITION GIVEN IN PAR F OPERATION 19B. CON WAS PERI UTING CAUSE OF medical exominer)  (Month) (Day) (Year)  That (I) (this hospital last saw the decease d from the couses stat  JRE JRE JRE JRE JRE JRE JRE JRE JRE JR	ony, giving stoting the  NTRIBUTING HE TERMINAL T. I. (A). DITION FOR W. FORMED  21B., white work work work with the dolive on	PLACE OF INJURY (e.g., e, form, foctory, street, o	20A. AUTOPS in or about 21C. W. Injur  21F. H.  22	YPERE DID Y OCCUR?  OW DID INJ  and the offer death.  Samar	URY OCCUR?	more City, give exact lo
MEDICAL CERTIFIC	OTHER SIGNII TO THE DEAD DISEASE OR C 19A. DATE OF  21A. ACCIDE OR CONTRIBI DEATH (notify 21D. TIME OF INJURY (APPROX.)  22. I certify that (I) (we) and hour on 23A. SIGNATU 23C. PHYSICIA NAME (I)  BURIAL CRE REMOVAL (C	OR CONDITIONS, if e obove couse (A) G CONDITION lost.  II FICANT CONDITIONS CO TH BUT NOT RELATED TO TO CONDITION GIVEN IN PAR F OPERATION 198. CON WAS PERI UTING CAUSE OF medical examiner)  (Month) (Day) (Year)  That (1) (this hospital) I last saw the decease d from the couses state  JRE Type)  Richard  MATION, 248. DATE Specify)	ony, giving stoting the NTRIBUTING HE TERMINAL IT I (A). DITION FOR WFORMED    21B. hometc.) (Hour) 21E. Whill world olive on	PLACE OF INJURY (e.g., e, form, foctory, street, or INJURY OCCURRED  Ile At Not White At Work  Not Work  Not Work  Not Work  At Work  At Work  Phy  Phy  Place CEMETERY of CR	20A. AUTOPS in or about 21C. W. Injur  21F. H.  22	YPERE DID Y OCCUR?  OW DID INJ  and the offer death.  Samar	IN CERTIFYING  (If in Bolti  URY OCCUR?  19 72 to	causes OF DEATH?  more City, give exoct lo
WEDICAL CERTIFIC	OTHER SIGNII TO THE DEAD DISEASE OR C 19A. DATE OF  21A. ACCIDE OR CONTRIBL DEATH (notify 21D. TIME OF INJURY (APPROX.)  22. I certify that (I) (we) and hour on 23A. SIGNATL 23C. PHYSICIA NAME (I)	OR CONDITIONS, if e obove couse (A) G CONDITION lost.  II FICANT CONDITIONS CO TH BUT NOT RELATED TO TO CONDITION GIVEN IN PAR F OPERATION 198. CON WAS PERI UTING CAUSE OF medical examiner)  (Month) (Day) (Year)  That (1) (this hospital) I last saw the decease d from the couses state  JRE Type)  Richard  MATION, 248. DATE Specify)	ony, giving stoting the NTRIBUTING HE TERMINAL IT I (A). DITION FOR WFORMED    21B. hometc.)   (Hour) 21E. Whill World of the dolove. (I)	PLACE OF INJURY (e.g., e, form, foctory, street, of the property of the proper	20A. AUTOP: in or obout 21 C. W. iffice bldg., INJUR: 21 F. H. le	YPERE DID Y OCCUR?  OW DID INJ  and the offer death.  Samar	IN CERTIFYING  (If in Bolting to	causes OF DEATH?  more City, give exoct lo



if death occurred in a hospital and irect or contributing cause of death (4) Undetermined cause; (5) Deceased Such LO death. attendance 0 prior was in regular the deceased p isposition the death HO final attendance any pronounced 10 embalmed ular who 0 the remains are 4 5 physician Was physician the 0 3 where to the hospital 2 N of any nature; be obtained 9 (except ; and (6) death); hospital must 0 0

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) KELLY, Paul 3/20/72 9:40 4. USUAL RESIDENCE IWhere deceased lived, Il institution; residence before admission! 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) Maryland FULL NAME OF C, CITY OR TOWN D. INSIDE CITY LIMITS? MOTUTION Baltimore YES X NO E. STREET AND NUMBER The Johns Hopkins Hospital 1219 N. Caroline Street 5. SEX 6. BACE 9. AGE (In years If Under 1 Ys. If Under 24 Hrs. Months Days Hours Min. MARRIED NEVER MARRIED Male 5/26/20 Negro WIDOWED X DIVORCED ICA USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during man of working life, even if reffred) aborge 13. FATHER'S NAME MOTHER'S MAIDEN NA John Kelly Annie McGullum 15. Wee Decessed Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service) 17. INFORMANT ADDRESS 6. SOCIAL CAUSE OF DEATH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) IMMEDIATE CAUSE (This does not mean the mode of dying, e.g., DUE TO, OR AS A CONSEQUENCE heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DUE TO, OR AS A CONSEQUENCE OF: DISEASES OR CONDITIONS, If any, giving rise to the above cause (A) stating the UNDERLYING CONDITION lost OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A DATE OF OPERATION 19E CONDITION FOR WHICH OPERATION WAS PERFORMED 10 CERTIFYING CAUSES OF DEATH? 20A. AUTOPSY? (Yes at No) 218.PLACE OF INJURY la.g., in or obout 21C. WHERE DID home, farm, factory, street, office bldg., INJURY OCCUR? 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (If In Baltimare City, give exact lacation) MEDICAL DEATH (natify medical exomined 21D. TIME (Month) (Day) (Year) (Hous 21E INJURY OCCURRED 215. HOW DID INJURY OCCUR? Not While While At IAPPROXJ At Wark Wark 22. I certify that (I) (this hospital) attended the deceased from 94000 that (1) (we) last saw the deceased alive on. and that in (my) (our) epinion death accurred an the date the body was released and hour and from the causes stated above (1) (did not) view the bady after death. accident 23A. SIGNATUR 238, DATE SIGNED Attending Phys. Med. approval Director 23 C. PHYSICIAN'S 23D. ADDRESS prior 10 NAME (Type) Robert D. Kramer, The Johns Hopkins Hospital DEGRE 24A. BURIAL CREMATION. 24C. NAME OF CEMETERY OF CREMATORY 24D, LOCATION (State) eceased REMOVAL (Specily) as D.O. shows: 258 NAME OF REGISTRAR BY HEALTH DEPT. 25C. WHERAL DIRECTOR VS 150-REV. 1/1/68



the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in

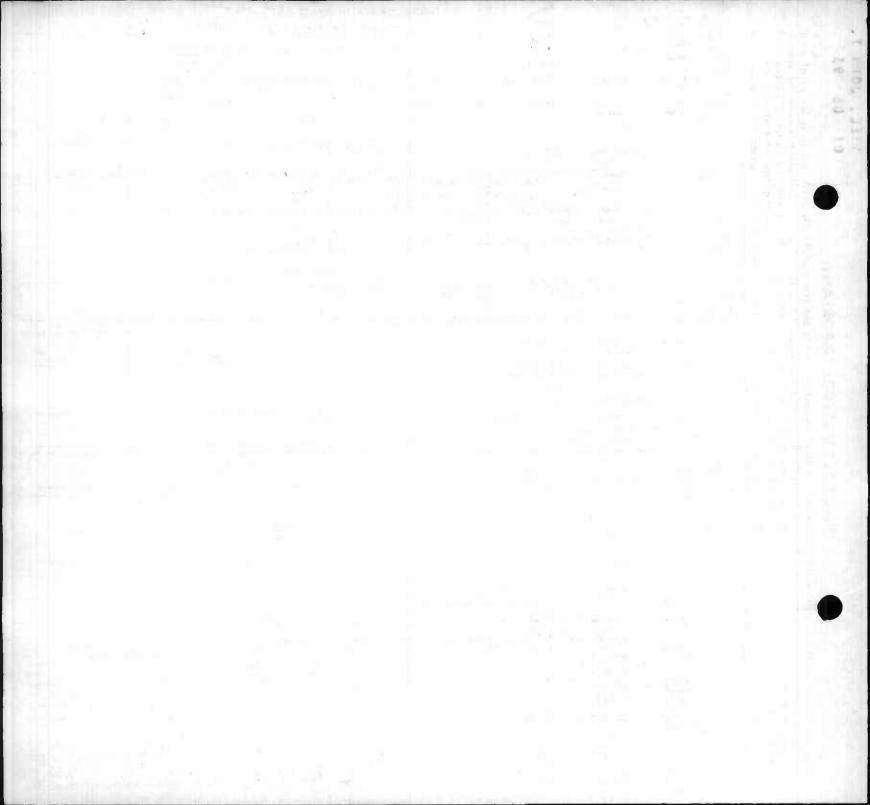
a hospital and

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MHOP 93

VIEL. 05

1	V-400					HEALTH DEPART		REG. NO	ילי	2 028	00
	NTH NO.	4 5 5 5	72 0	2866	CERTIFICA	TE OF DE					56
	pe or Print)		John			2	2, DATE AN	3/20/7		1 12:	24 a. M.
FL	JLL NAME OF	MORE MARYLAND,	PITAL OR IN			A. STATE Maryla	B COUN	e deceased lived	. If institution:	residence befo	re admission)
IN O	OSPITAL OR	ADDRESS OR LO	CATION)			C.CITY OR TOWN Baltin	-	D.	INSIDE CITY		
	The Joh	ns Hopkin	ns Hos	spital	L	E. STREET AND I	NUMBER	3.5.61	YES [		
		RACE	7- MARR	IED KANE	VER MARRIED	B. DATE OF BIRTH		9. AGE IIn years	lesape	Or 1 Yr. If &	Inder 24 Hrs.
	Male	Cauc.	WIDOV	VED 🗍	DIVORCED	1/5/9	13	lost birthday) 79	Menth	Days Hau	Min.
do	ne during those of wo	ATION (Give kind of w uking life, even if reflect	ork TOB, KINI	11.11	ESS OR INDUSTRY	11. BIRTHRLACE (S	State or forei	gn Country)	12, CI	TIZEN OF WHA	T COUNTRY?
13.	FATHER'S NAME					14 MOTHER'S MA	AIDEN NAA	AE			
	Conrad	d Viel				Wilhe	elmina	a Kraus			
15. (Ye	Was Deceased E	ver in U. S. Armed I If yes, give war at de	orces? les of servi	ce) 16. SO	CIAL CURITY NO.	17. INFORMANT				ADDRESS	
	no					Wife			S	aue	
	DISEASE	OR CONDITION (	DIRECTLY	(	AUSE OF DEAT	H C	vá.	seps	,	APPROXIMA BETWEEN ONS	TE INTERVAL ET AND DEATH
	heart failure, as	mean the mode of thenia, etc. It mean ication which cause	s the dise	e.g., use,	DUE TO, OR AS	A CONSEQUENCE O		sep.		1 M	
	1	TECEDENT CAUS			103						
	DISEASES OR	CONDITIONS, if	any, giv	ring	DUE TO, OR AS	A CONSEQUENCE	OF:	***********		*************	
	UNDERLYING	above cause (A	siding	tue	(C)						
ATION	TO THE DEATH	ANT CONDITIONS C	THE TERMIN	NG IAL	stron	u, m-	i., L	171			
CERTIFIC/	19A. DATE OF O	PERATION GIVEN IN PA	NDITION FORMED	OR WHICH	OPERATION	20A. AUTOPSY?	(Yes or No)	20B. IF YES, W	ERE FINDING	CONSIDERED	0
CAL	21A. ACCIDENT OR CONTRIBUTE DEATH (notily m	WAS UNDERLYING NG CAUSE OF edicol examined	00	21B. PLACE home, form, etc.)	OF INJURY le.g., in factory, street, of	or obout 21 C. WHE	RE DID	(If In Bol	timore City, gl	ve exact locatio	n)
MEDI	OF INJURY	Month)  Day)  Yea	) [Houd	216 INJUR	Y OCCURRED  Not While		ULNI DID V	RY OCCUR?			
	IAPPROX.)			Work L	At Work						. 17
	. 6.1.	at (1) (this hospit		-	ased from	2019 72		t in(my) (aur)			
		ram the causes st		11	and the same of th			(00.7	aprillon dec	in accorred	on the date
	23A MIGNATURE		84	eti	1112	nding Med.	. п :	Staff D	238, DA	TE SIGNED	2
ľ	PAME ITYPE	TUPE	5007	TM		3D. ADDRESS	m	Hor	min	o Hos	netas
244	REMOVAL (Spe	City 3/23	1/2/2		CEMETERY OF CRE	MATORY -	24D. LO	CATION Sulli	ICity, town,	or caunty)	(State)
25A	MAR 22 1	HEALTH BEPT.	25B NAA	E OF REGIS	P D D	25C, HUNERAL	DIRECTOR	un b	067/4	ADDRESS	dRa
V5	150-REV. 1/1/68									1	



h occurred in a	contributing	etermined cause:	n requier attend	ceased prior to	in is made.
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a	the body was released to the hospital by a medical examiner. Also, if the direct or contributing can	shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined causes	was D.O.A. at a hospital (except where the physician who pronounced death was in regular attended	deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to	Written approval must be obtained before the remains are embaimed or final disposition is made.
This cortificat	the body was	shows: (1) An	was D.O.A. al	deceased pric	written appro

19-40	() 170	000-	BALTIMORE CIT	HEALTH DEPARTMENT				
BIRTH NO.		0886	7 CERTIFICA	TE OF DEATH	REG. NO	72 0	2867	
(Type or Print)	<		1 11101	2. DATE	AND HOUR OF DEATH	1/ /	2.0	-
3. PLACE IN BA	LTIMORE MARYLAND, W	HERE PRONO	UNCED DEAD	4. USUAL RESIDENCE (V	There deceased lived II	7516	1:35	P M.
1.0		/		A. STATE B. CO	UNTY	institution; leside	nce Delore od	mission)
FULL NAME OF HOSPITAL OR INSTITUTION	ADDRESS OR LOCA	ATION)	UTION, GIVE STREET	Maryland F	Baltimore	SIDE CITY LIMITS		8
21	Baltimore C:	ity Hosp	pitals	ESSET		YES T	NO X	
3		rn Ave.		E. STREET AND NUMBER				
5. SEX	Baltimore, 1				St. Baltimo			005
Male	Caucasian	WIDOWED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Y Months: Doy	s Hours	24 Hrs. Min.
IOA. USUAL OCC	UPATION (Give kind of work	10B. KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or f	60	110 CITTOR		
done during most of	working life, even if retired)		INT HOUSE		oreign country)	1	OF WHAT CO	JUNTRY?
13. FATHER'S NA	ME	PULUI	INC HOUSE	14. MOTHER'S WAIDENIN	ALAE	U.	S.A.	
	Hanne			The state of the s	Helen	LYNN		
15. Was Deceased	Harry Ever in U. S. Armed Fore	es?	1 6. SOCIAL	17. INFORMANT			DRESS	
UNK	Of yes, give wor or dote:	s of servicel	205-03-1399	1 1 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	4940 Easte Baltimore,	ern Ave.		
18. 44	6,01		CAUSE OF DEATH	BCH Records:	<u> </u>	APP	PROXIMATE INTI	ERVAL
DISEA	SE OR CONDITION DIR	ECTLY	Palva	reprilie n	2000	BETWE	EN ONSET AND	DEATH
(This does n	al mean the made of	dying, e.g.,	(A) IMMEDIATE CAU	35	odosa		mo	nth
heor) foilure,	aslhenia, elc. Il means plicalian which caused	the disease.	DUE TO, OK AS A	A CONSEQUENCE OF:				
	ANTECEDENT CAUSES							
DISEASES C	R CONDITIONS, if a	ny, giving	(B)DUE TO, OR AS	A CONSEQUENCE OF:				
UNDERLYING	abave cause (A) G CONDITION last	stating the	(c)					
	11		(0)					
FIIO THE DEAT	ICANT CONDITIONS CON H BUT NOT RELATED TO TH ONDITION GIVEN IN PART	F TERMINAL	****************	P00 0000000000000000000000000000000000				
	OPERATION 198 CONE WAS PERFO	ITION FOR W	HICH OPERATION	20A. AUTOPSY? (Yes or I	10 208 IF YES, WERE	FINDINGS CON USES OF DEATH	SIDERED	
U 21A. ACCIDEN	IT WAS UNDERLYING TING CAUSE OF	21B,	PLACE OF INJURY (e.g., in	or obout 21 C. WHERE DID	(If In Boltimor	re City, give exac	t locotion)	
DEATH (notify	medical examined	etc.l	, form, foctory, sneet, dis	ice bldg., INJURY OCCUR?	n-TT HIZ-L	4 4		
21D. TIME OF INJURY	(Month) (Doy) (Year)		INJURY OCCURRED	21F. HOW DID IN	JURY OCCUR?	30.00.		
(APPROX)		Whil	Not While		emuren sa			
	that M (this hospital)		e deceased fram	3-6	19) 2 ta 3	-18	19/	2
that (I) (we)	last saw the deceased	alive an		19and t	hat In (my) (aur) apl	nian death acc		e date
and have and	fram the causes state	d abave. (I)	(We) (did) (did nat) vi	ew the bady after death.				
23A. SIGNATU	RE )	11	Man			238. DATE SIGN	NED /	
23 C. PHYSICIA	-Show C	him	DEGREE Phys.	ding Med. Director	Shaff Phys.	13-18	7-12	
NAME (Ty	pe)		MD 2	D. ADDRESS 4940	Eastern Ave.	Baltimo	re, Md.	•
4A. BURIAL CREA	CHU-SH	-IN (	HIU GEGREE	Baltino	e Cit	Horspid	tale	
REMOVAL IS			ME OF CEMETERY OF CREA		- A .	ly, lown, ir coun	(S)	otel
SA. DATE REC'D	BY HEALTH DEPT.	SE NAME OF		PRK	BALTO.	MD.		
MAR 99		Visit !	ALD. O O	25C. FUNERAL DIRECTO	R R		DDRESS	-
'S 150-REV. 1/1/6	_NAT In			M Com Colly	V ENL T	300 1	74-6	

60-43-29 SWEELEY, LYNN 5227 GEORGE ST. BALTO, MD. 21220 005 10-18-11 WM-P 4 GY

TO FOUNDED BEAUTY

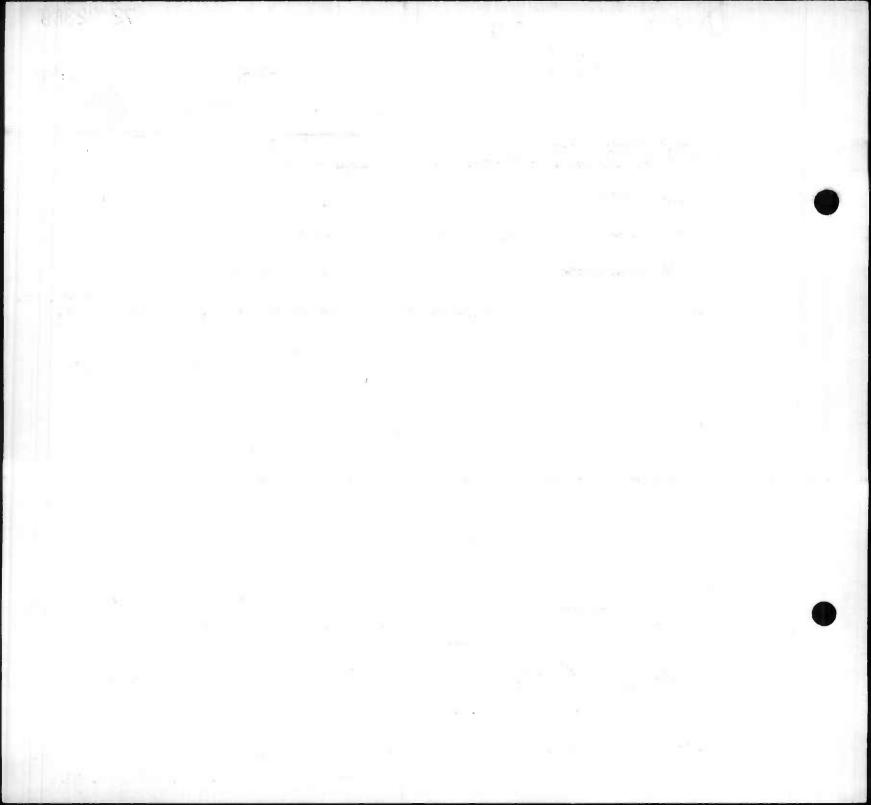
was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of deoth shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased This certificate must be approved by the chief medical examiner or his assistant if deoth occurred in a hospital and

BIR	3-352 72 02868 BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH REG. NO. 72 02868
(Ту	Mrs. Florence V.Stansbury 2. Date and Hour of Death 3119172 1721 PM.
FU HC	L NAME OF OF OF CONTINUE OF CO
4	Morylord General M. Spita (C.CITY OR TOWN )  Stave de Grace   D.ANSIDE CITY LIMITS?  YES AND NUMBER  209 M. Stokes Street
5. 5	6. RACE 7. MARRIED NEVER MARRIED 8. DATE OF SIRTH 9. AGE (In years lost birthdox) Months: Doys Hours Min.  WIDOWED DIVORCED May 17, 1887
done	USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNTRY?
13.	ATHER'S NAME  THER'S NAME  THER'S NAME  THER'S MAIDEN NAME  THER'S MAIDEN NAME  THER'S MAIDEN NAME  THER'S MAIDEN NAME
15. \ (Yes	(as Deceased Eyfr in U. S. Armed Farces? no or unknown) (If yes, give war or dotes of service)  16. SOCIAL SECURITY NO.  17. INFORMANT  ADDRESS  20. Atotas 44.
	8. 4/0,91 CAUSE OF DEATH Jelen J. Cotk Handle Grace md 210
	DISEASE OR CONDITION DIRECTLY  LEADING TO DEATH  (This does not mean the made of dying, e.g., heart loilure, asthenia, etc., It means the disease, injury or complication which caused death.)  (A) IMMEDIATE CAUSE C. Laure a dean of D. wend  DUE TO, OR AS A CONSEQUENCE OF:  CA) IMMEDIATE CAUSE C. Laure a dean of D. wend  DUE TO, OR AS A CONSEQUENCE OF:  CA) IMMEDIATE CAUSE C. Laure a dean of D. wend  DUE TO, OR AS A CONSEQUENCE OF:  CA) IMMEDIATE CAUSE C. Laure a dean of D. wend  DUE TO, OR AS A CONSEQUENCE OF:  CA) IMMEDIATE CAUSE C. Laure a dean of D. wend  DUE TO, OR AS A CONSEQUENCE OF:  CA) IMMEDIATE CAUSE C. Laure a dean of D. wend  DUE TO, OR AS A CONSEQUENCE OF:  CA) IMMEDIATE CAUSE C. Laure a dean of D. wend  DUE TO, OR AS A CONSEQUENCE OF:  CA) IMMEDIATE CAUSE C. Laure a dean of D. wend  DUE TO, OR AS A CONSEQUENCE OF:  CA) IMMEDIATE CAUSE C. Laure a dean of D. wend  DUE TO, OR AS A CONSEQUENCE OF:  CA) IMMEDIATE CAUSE C. Laure a dean of D. wend  CA) IMMEDIATE CAUSE C. Laure a dean of D. wend  CA) IMMEDIATE CAUSE C. Laure a dean of D. wend  CA) IMMEDIATE CAUSE C. Laure a dean of D. wend  CA) IMMEDIATE CAUSE C. Laure a dean of D. wend  CA) IMMEDIATE CAUSE C. Laure a dean of D. wend  CA) IMMEDIATE CAUSE C. Laure a dean of D. wend  CA) IMMEDIATE CAUSE C. Laure a dean of D. wend  CA) IMMEDIATE CAUSE C. Laure a dean of D. wend  CA) IMMEDIATE CAUSE C. Laure a dean of D. wend  CA) CAUSE C. Laure a dean of D. wend  CA) CAUSE C. Laure a dean of D. wend  CA) CAUSE C. Laure a dean of D. wend  CA) CAUSE C. Laure a dean of D. wend  CA) CAUSE C. Laure a dean of D. wend  CA) CAUSE C. Laure a dean of D. wend  CA) CAUSE C. Laure a dean of D. wend  CA) CAUSE C. Laure a dean of D. wend  CA) CAUSE C. Laure a dean of D. wend  CA) CAUSE C. Laure a dean of D. wend  CA) CAUSE C. Laure a dean of D. wend  CA) CAUSE C. Laure a dean of D. wend  CA) CAUSE C. Laure a dean of D. wend  CA) CAUSE C. Laure a dean of D. wend  CA) CAUSE C. Laure a dean of D. wend  CA) CAUSE C. Laure a dean of D. wend  CA) CAUSE C. Laure a dean of D. wend
	ANTECEDENT CAUSES  DISEASES OR CONDITIONS, it any, giving ise to the above cause (A) stating the JNDERLYING CONDITION last.  (B) Ollura Claudic Cardiovascular DUE TO, OR AS A CONSEQUENCE OF:  (C)
ATI	DITHER SIGNIFICANT CONDITIONS CONTRIBUTING OF THE DEATH BUT NOT RELATED TO THE TERMINAL ISEASE OR CONDITION GIVEN IN PART 1 (A).
ERTIFIC	PA DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 20A AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
14	1A. ACCIDENT WAS UNDERLYING   21B. PLACE OF INJURY (e.g., in or obsuit 21C. WHERE DID hame, form, factory, street, affice bidg., INJURY OCCUR?
3	ID. TIME (Manth) (Day) (Year) (Hour) 21 E. INJURY OCCURRED 21 F. HOW DID INJURY OCCUR?  While AI Not While Day Work At Work
1	2. I certify that (1) (this hospital) altended the deceased from
	Janua E. Degree Phys.   Attending   Med.   Staff
24A.	BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) (Stotel)  Burial 3-24-72 Burley Control of CEMETERY OF CREMATORY  April 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
_1	AR 28 1972 Pare C. Selber, M.D. 25G. FUNEAU DIRECTOR STORY 25 ADDRESS  AR 28 1972 Pare C. Selber, M.D. 21078
VS 1	0-REV. 1/1/6B

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This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.
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11	1-120	-AV/W			Y HEALTH DEPAR	TMENT			72 028	363
BI	RTH NO.	72	02869	CERTIFICA	ATE OF DE	ATH	REG. N			
	NAME OF DECEASED	Julia				2. DATE A	ND HOUR OF D	EATH		
		Anna/Da					21-72		8	3:40Am.
П	PLACE IN BALTIMORE	MARILAND, W	HERE PRON	DUNCED DEAD	A. STATE	& COU	ere deceased lived NTY	l. Il institution:	residence before	odmission)
II H	JLL NAME OF (IF	NOT IN HOSPIT	AL OR INST	TUTION, GIVE STREET	Md.		Harfor	d	62	00
NIN.	SILLOHON				c. CITY OR TOW		D	INSIDE CITY YES TO		7
1	Gould Nursi			Color Inch	E. STREET AND			153 42	NO	
	6116 Bel Ai		Baltim	ore, Md.	2030 Che	erry R	oad			
5.	SEX 6. RACE Female Whi			NEVER MARRIED	8. DATE OF BIRT		9. AGE (in years	If Und	er 1 Yr. If Un	der 24 Hrs.
10/			WIDOWE	DIVORCED X	1		81			
do	ne during most of working life	e, even if retired)	1				eign country)		TIZEN OF WHAT	COUNTRY?
11-	oarding House	opr.	Boar	ding House	Virgin			U	SA	
	James D.	Motte			14. MOTHER'S N					
15.			ca+?	1 6. SOCIAL	Sophia	V. Ca	rter			
(Ye	Wes Deceased Ever in I s,na ar unknown) (If yes,	give wor ar dote	s af service)				104	0000 @	Edgewo	od, Md.
-	no			217-36-3106 CAUSE OF DEA		Kaymon	d Davis,	2030 Ch		
	DISEASE OR C	I ONDITION DI	RECTLY	CAUSE OF DEA	0		n		APPROXIMATE BETWEEN ONSET	AND DEATH
	LEADIN	S TO DEATH		(A)IMMEDIATE CA	USE Clant	- 1	reum Ti		4 dem	
	(This does not meon heart failure, asthenia	elc. Il means	the disease	A. Assessment and a	A CONSEQUENCE	OF:				********
	injury or camplication	which caused	daath.)							
	DISEASES OR CON	DENT CAUSES		(B)	S A CONSEQUENCE					***************************************
-	rise to the above	cause (A)	slaling the	3	3 A CONSEQUENCE	OF:				
	UNDERLYING COND	ITION last.		(c)						
Z	OTHER SIGNIFICANT CO	II NDITIONS COI	NTRIBUTING	1	0-	. /	7 R			
ATION	DISEASE OR CONDITION	TRELATED TO THE	E TERMINAL	G president	Outerioselin	mi, C	home Oya	System	years	-/
ERTIFIC	19A. DATE OF OPERATI	ON 198, CON	ORMED	WHICH OPERATION	20A. AUTOPSY	? IYes or N	O) 208, IF YES, W	ERE FINDING	S CONSIDERED	
CER	21A. ACCIDENT WAS	UNDERLYING	21	B. PLACE OF INJURY le.g.,	in or about 21 C W/H	ERE DID				
정	21A. ACCIDENT WAS OR CONTRIBUTING DEATH (natify medical	CAUSE OF	har	me, form, foctory, street, (	iffice bldg. INJURY	OCCUR?	fit in pa	itimore City, gl	ve exact location)	ļ
MEDIC	21 D. TIME (Manth)	(Doy) (Year)	(Hour) 211	E INJURY OCCURRED	21F. HO	W DID IN	URY OCCUR?			
×	OF INJURY IAPPROX.)	•	w	hile At 🗀 Not Whi	le C	010 1112	OK   OCCOX			
	22. I certify that (I)	this besited		ark LJ At Work		161	19 <u>20 ta</u>		3/21/	22
	that (1) (we) last say			3/2	20/ 19 22	/	at in (my) (que)	onlates de	3/2//1	
				(1) ( <del>We) (dtd</del> ) (dtd nat)	view the hady aft	or donth	int intinty (dos)	opinian dec	in accurred o	n the date
	23A. SIGNATURE	10 10		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	/	01 0001111		23 B. D.A	TE SIGNED	
	allen	D Bra	dly	DEGREE Phy	ending Med	d.	Shaff Phys.	31	21/72	
	23C. PHYSICIAN'S NAME (Type)		1	DEORIE	23D. ADDRESS				-112	
		t B. Br		DEGREE		4900 ]	Belair Ro	ad 21	206	
244	REMOVAL ISpecify)	248 DATE	24C. N	AME OF CEMETERY OF CR	EMATORY	24D. L	OCATION	(City, lown,		(Slote)
-	Burial	Mar. 24,	1972 T	rinity Luthera	an Cemeter	Z Jo	ppa	Harfo	ml .	Md
	MAR 23 1972	P. A. O. C.	258. NAME	OF REGISTRAR	25C, FUNERAL	DIRECTOR			ADDRESS	
	150-REV. 1/1/68	and and C	CALL DE	MD	Hewart	r V. M	cComas, I	II, ADI	igaon, Mo	1.



## FUNERAL DIRECTOR: IMPORTANT

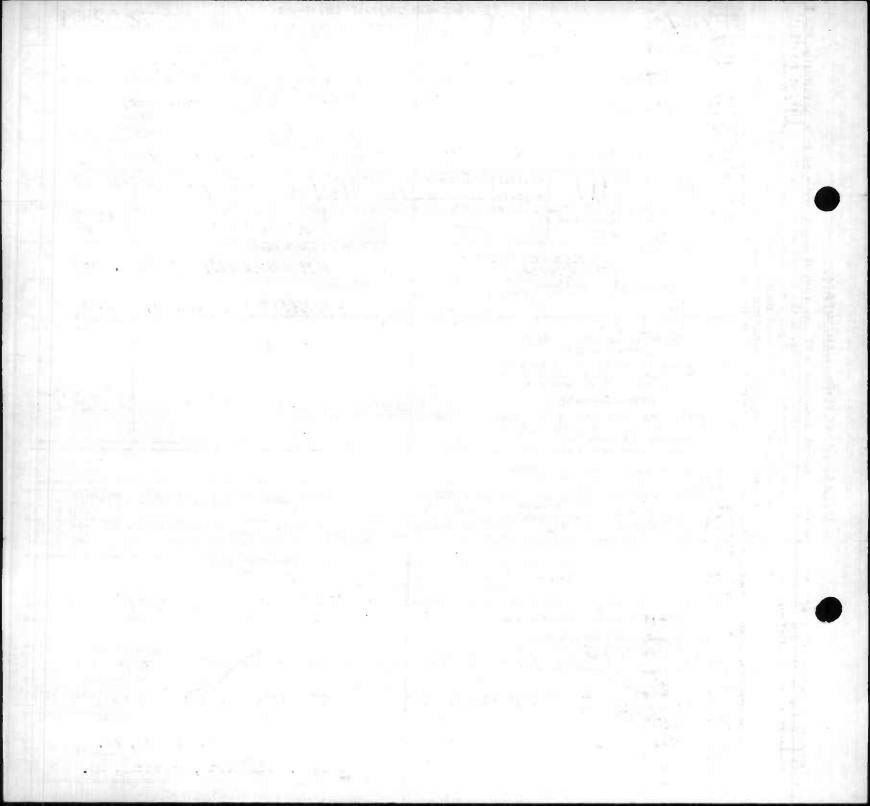
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the written approval must be obtained before the remains are embalmed or final disposition is made.

BALTIMORE CITY H	IEALTH DEPARTMENT
1)-540	
Dikiti 140.	E OF DEATH REG. No. 72 02870
1. NAME OF DECEASED	2. DATE AND HOUR OF DEATH
DONNelly, MARY CATHERINE	3/18/72 2.05Am.
3. PLACE IN BALTIMORE MARYLAND WHERE PRONOUNCED DEAD	LUSUAL RESIDENCE (Where deceosed fived. If institution: residence before odmission)
FULL NAME OF UF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	Md < //
I HOSHIAL OK ADDRESS OR LOCATION)	CITY OR TOWN D. INSIDE CITY LIMITS?
49	BA /+ YES IN NO [
many charles C	STREET AND NUMBER
Morth Charles General	5207 VORK Kd.
5. SEX 6. RACE 7. MARRIED NEVER MARRIED	DATE OF BIRTH 9. AGE (in years less birthdoy) If Under 1 Yr., If Under 24 Hrs.  Months! Doys ! Hours ! Min.
WIDOWED DIVORCED	12-7-01
IOA, USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11 done during most of working life, even it retired)	BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY?
Retired Clerk Dept. Store	maryland 11.5.
13. FATHER'S NAME	MOTHER'S MADEN NAME
FRANK Danielli	m . 12
15. Wos Deceased Ever in U. S. Armed Forces? /16. SOCIAL 17	Mary Donnelly
(Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO.	INFORMANT
no 216 03 8092A	Mr. James P. Murphy 1542 GYeneagle Rd.
18. / 5 3 6 1 CAUSE OF DEATH	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY	O A
LEADING TO DEATH  [This does not meen the made of dying, e.g., (A) IMMEDIATE CAUSE  [This does not meen the made of dying, e.g.,	2 forer metablosis 1 year.
heart failure, asthenia, etc. If means the disease,	ONSEQUENCE OF:
injury or complication which caused death.)	
ANTECEDENT CAUSES (8)	Coremona of colon years.
DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS A rise to the abave cause (A) stating the	CONSEQUENCE OF:
UNDERLYING CONDITION last. (C)	
11	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
TO THE DEATH BUT NOT RELATED TO THE TERMINAL   SIDSEASE OR CONDITION GIVEN IN PART 1 (A).	***************************************
194 DATE OF OPERATION 198 CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
U 21A ACCIDENT WAS UNDERLYING 21B PLACE OF INJURY (e.g., in o home, form, foctory, street, office	r obout 21C. WHERE DID (If in Boltimore City, give exact location)
DEATH (notify medical examined etc.)	
D 21D-TIME (Month) (Doy) (Yeor) (Hour) 21E INJURY OCCURRED While At	21F. HOW DID INJURY OCCUR?
(APPROX.) While At Work At Work	
22. I certify that (I) (this hospital) attended the deceased fram	3/15/72 19/210 3/18 19/2
that (i) (we) lost saw the deceased alive on	1.27
	19and that in(my) (our) opinion death occurred on the date
and haur and from the couses stated above. (I) (We) (did) (did not) view	
1/PA SATA -1 P D Attendi	238, DATE SIGNED
DEGREE Phys.	ng ☐ Med. Skeff Phys. 🗵 3 / 18/72
23C. PHYSICIAN 3	ADDRESS
VEENA SATHTRAKUL, M. DEGREE N	ORTH CHARLES GENERAL HOSP
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMA	
Burial 3/21/72 Parkwood Cemetery	Tarrier Arra Polts Wa
25A. DATE REC'D BY HEALTH DEPT.   258. NAME OF REGISTRAR	Taylor Ave Balto, Md.
MAR 23 1972 Robert E. Janber 120.	Mitchell Wiedefeld Home 6500 York Rd
THE TOTAL PROPERTY OF THE PROP	Tork Kd

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This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Decease was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.
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	,	1			10	BALTIMORE CITY	HEALTH DEPARTM	IENT	שם המסיים	
	BIRT	U-426 H NO.		72	0287	1 CERTIFICA	TE OF DEA	TH REG. NO.	72 02871	
		AME OF DECE	ASED L	ORRAII	VE	WALKER	2, 0	3/19/72	1 8:56 Pm	
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD  4. USUAL RESIDENCE IWhere deceased lived, If institution: residence before admission)									
	FUL! HOS	L NAME OF	(IF N	OT IN HOSPITA	AL OR INSTITUTION)	TUTION, GIVE STREET	C. CITY OR TOWN	Montgo		
3	3-	_	1.		11		GAITHERS		S P NO	
				KINS		PITAC		ROSEMONT DI	rive_	
	5. SE	-	6. RACE	W	WIDOWE		9/30/0	6 63	Under 1 Yr. II Under 24 Hrs.	
		during most of war	orking life,	even if retired)	10B, KIND C	F BUSINESS OR INDUSTRY		RYAND	USA COUNTRY?	
	13. F	ATHER'S NAM			Tee M-	Alada a	14 MOTHER'S MAII	DEN NAME		
			p	Charles NEWS	JIJ/Wa	UKINS	414	KNOKUNU/ Minn	ie A. King	
	15. W	Yas Deceased I	ver in U.	& Armed For	s of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS	
		ADO				UNKNOWN	DIELA	ASE/ Ralph Walker	, Item 4	
	1	18.	571	1		CAUSE OF DEATH			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
				NDITION DI	ECTLY		1 luco	FAILURE	1.	
		(This does no		the mode of	dylan, e.a	(A) IMMEDIATE CAU	4.5		2 months.	
		heart failure, a	sthenia,	etc. It means	the disease	DUE TO, OR AS	A CONSEQUENCE OF:			
				ENT CAUSES	denim	CHAN	MRIDER	RCINOMA	74000-	
		DISEASES OF			onv. civin	DUE TO, OR AS	A CONSEQUENCE O	Fi	100	
		rise to the	above	couse (A)				_		
	-	UNDERLING	CONDI	II		(c)				
	TIFICATION	OTHER SIGNIFK TO THE DEATH DISEASE OR CO	CANT CO	NOTIONS CONTROLLED TO THE CONTROLLED TO THE CONTROLLED TO THE CONTROLLED PARTY.	NTRIBUTING					
	5	19A. DATE OF		N 19L CON WAS PER	DITION FOR	WHICH OPERATION	20A. AUTOPSY? (Y	es of No. 208, IF YES, WERE FIND	INGS CONSIDERED	
	-	3//20/	72	- Cho-	angio	carcinoma	- 72		1000	
	CAL	21 A. ACCIDEN' OR CONTRIBUT DEATH Inotify	RNO	AUSE OF	ho etc	B. PLACE OF INJURY (e.g., ime, farm, factory, street, of	n or about 21C. WHER	E DID (II in Baltimore Cit	ty, give exoci location)	
3		21D. TIME	(Month)	(Day) (Year)		E INJURY OCCURRED		DID INJURY OCCUR?		
	2	(APPROX)				/hile At   Not While At Work	° 🗆 /   /		1 1	
	22. I certify that (1)(this hospital) extended the deceased from 1/16/72 19 to 3/19/72 19									
	that (1) (we) lost saw the deceased alive on 3/19 19.73 and that in (my) (our) epinion death occurred on the date									
	and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.  238. DATE SIGNED									
2										
5		)eog		Sou	446	DEGREE Phy	s. Direct	or Stoff Phys.	3/17/+	
2		PHYSICIAN NAME ITY		-	DERV	1 KUA AAR	23D. ADDRESS	SHNS HOPKIN	H LEASO TON	
2 2	264	BURIAL CREA		3 · J	SEKT	TAH IVIDARE			own or county) (State)	
3	ZAM	REMOVAL IS	pecify)	F/131 - 5/201 -	246.1		MATORY			
	258	Burial	BA MEYL	3/22/72 TH DEPT.	258. NAA4	Forest Oak	25C. FUNERAL D	Gaithersbu	arg, Md.	
	N	MAR 23 1	1972	Jake A &		Aca2 0 0		Modesworth, Dams		
1	VS 1	150-PFV. 1/1/6	R							



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1	1	n./x					BALTIMORE	CITY HE	ALTH [	DEPARTM	ENT
Dtb ot	BIR	) -240 TH NO.	14	72 02	2872	2	CERTIFIC	CATE	OF	DEA	TH
deat deat deat deat ease on th		AME OF DECI		aphael	Jose	ph Di	Cello				ate an
hospita ise of (5) Dec ance o death.		PLACE IN BALT							USUAL STATE	Pa.	E (When
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or co indete s in r decention i		e during most of v					School	STRY 11.	BIRTHP	Pa.	or forei
if d (4) u wa the spos	13.	FATHER'S NAM	arles D	i Cell	0			14.	мотн	ER'S MAID	
assistant if the di ny kind; ed death lance on r final di	1 S. (Yes	Wos Deceased s, no ar unknown) NO	Ever in U. S. (If yes, give	Armed Fore	ces? s of servi	ce)	SOCIAL SECURITY NO. 1-26-588		INFORA R	ecords	= US
medical examiner redical examiner. burns; (3) A fractu hysician who pro in was in regular remains are emba	ERTIFICATION	DISEASES Orise to the UNDERLYING	CONDITIO	ONS, il ouse (A) N lost.	slating NTRIBUTI	NG	(B) DUE TO, O	lives RASAC Le M		dice of	end
chief me y a med Body bu the phy ysician		DISEASE OR CO	ONDITION GI	VEN IN PAR	T (A).		H OPERATION		20 A. A.	yes	
op 6 2 be	CAL CI	21 A. ACCIDEN OR CONTRIBU DEATH (notify	TING CAL	JSE OF		21 B. PLA hame, fa etc.)	CE OF INJURY ( rm, factory, stre	e.g., in ar et, office	obout 2 bldg., II	IC. WHERE	DID CUR?
osp osp atur (6) ned	MEDI	21 D. TIME OF INJURY (APPROX.)	(Month) (D	ay) (Year)	(Hour)	21 E, tNJI While A Wark		While C	] 2	IF. HOW I	INI DIC
app to the the stan of an (e h); c		that (I)/(we)	lost saw th	e decease	d alive	an 1	Mar, 21  (did) /4/4/9	Fe	19	72 ody ofter	
certificate must be body was released vs: (1) An accident D.O.A. at a hospit tased prior to deat ten approval must		23C.PHYSICIA ROBET		therschne	er,	Surg	moegree		ADDR	Med. Directo	
dy w (1) / Sed p	24/	REMOVAL (S	pecifyl				of CEMETERY o	CREMA	TORY		24D. L
nis nov as as	25/	Burial A. DATE REC'D	BY HEALTH	3-25-7 DEPT.	2 25B, NA	Schu ME OF RE	ylkill M	[em.]	25C. FI	JNERAL DI	91.3
たれる 3点3	N	AR 23 1	972	Back St	Sec. 12	01 200	K ()		1 m	.Cook	-Bec

1)-240 BIRTH NO. 72	02872 CERTIFICA	ATE OF DEATH X REG. NO. 72 02872					
(Type or Print) Rapl	nael Joseph Di Cello	2. DATE AND HOUR OF DEATH March 21, 1972 4:20 PM M.					
3. PLACE IN BALTIMORE, MARYLA FULL NAME OF ADDRESS OF ADDRESS OF INSTITUTION Public Heal- 3100 Wyman Pa	to SPITAL OR INSTITUTION, GIVE STREET to Service Hospital	A. STATE  Pa.  C. CITY OR TOWN Pottsville  E. STREET AND NUMBER 1116 W. Norwegian St.					
S. SEX 6. RACE Caucasian	7. MARRIED X NEVER MARRIED WIDOWED DIVORCED	8. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Hrs. Months Days Hours Min. 7/5/32					
10A. USUAL OCCUPATION (Give kind done during most of working life, even if the Teacher	of work 108, KIND OF BUSINESS OR INDUSTRI etired) High School	11. BIRTHPLACE (State or foreign country)  Pa.  USA					
Charles Di	Cello	14. MOTHER'S MAIDEN NAME  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX					
15. Wos Deceased Ever in U. S. Am (Yes, no ar unknown) (If yes, give war NO	or dates of service) 16. SOCIAL SECURITY NO. 171-26-5889	Records US PHS Hospital, Balto, Md.					
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (This does not meon the mode of dying, e.g., heart loilure, osthenio, etc. it meons the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, it ony, giving rise to the above couse (A) stating the UNDERLYING CONDITION lost.  (A) IMMEDIATE CAUSE Pullumany E untra-floracia 12 hours  DUE TO, OR AS A CONSEQUENCE OF:  (B) Huembory topics  (C) accuse my elegences leukeuma 2 hours  (C) accuse my elegences leukeuma 3 hours  (C) accuse my elegences leukeuma 4 hours  (C) accuse my elegences leukeuma 5 hours  (C) accuse my elegences leukeuma 6 hours  (C) accuse my elegences leukeuma 6 hours  (C) accuse my elegences leukeuma 7 hours  (C) accuse my elegences leukeuma 7 hours  (C) accuse my elegences leukeuma 8 hours  (C) accuse my elegences							
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  19A. DATE OF OPERATION WAS PERFORMED  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF CONSIDERED NOT CONTRIBUTING CAUSE OF CONTRIBUTING CAUSE OF CONSIDERED NOT CONTRIBUTING CAUSE OF CONTRIBUTION CAUSE							
that (I)/(we) lost saw the de	es stoted obave. (1) (We) (did) (did) (did) (did)	reb. 13  19 72  19 72  19 72  and that In(my) (aur) apinian death occurred on the dote view the body ofter deoth.  23R DATE SIGNED  3/22/72  23D. ADDRESS  US PHS Hospital, Balto, Md. 21211					
Burial 3-2  25A. DATE REC'D BY HEALTH DEP  MAR 23 1972  VS 150-REV. 1/1/68	24c. NAME of CEMETERY or C 25-72 Schuylkill Men	REMATORY 24D. LOCATION (City, town, or county) (State)					

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BALTIMORE CITY HEALTH DEPARTMENT 02873 CERTIFICATE OF DEATH of death Deceased Such I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) LO ar 2, death. 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission)
A. STATE
B. COUNTY attendance FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) HOSPITAL OR C. CITY OR TOWN canse; 0 D. INSIDE CITY LIMITS? NO prior 00 E. STREET AND NUMBER Baltemore nory Undetermined de. regular 5. SEX 6. RACE Ba DATE OF BIRTH MARRIED 9. AGE (In years If Under 1 Yr. If Under 24 Hrs. eceased NEVER MARRIED last birthday WIDOWED DIVORCED 10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State of foreign country) 12. CITIZEN OF WHAT COUNTRY? Ξ disposition done during most of working life, even if retired) Ū Was the 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 3 eath 0 15. Wes Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dates of service) 6. SOCIAL 17. INFORMANT ADDRESS fina SECURITY NO. attendance 8-14-5295-A any pronounced 18. 0 CAUSE OF DEATH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH DISEASE OF CONDITION DIRECTLY of embalmed LEADING TO DEATH (A) IMMEDIATE CAUSE ocaranna fracture (This does not mean the mode of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF: heart failure, asthenia, etc. It means the disease. regular injury or complication which caused death.) ANTECEDENT CAUSES about who DUE TO, OR AS A CONSEQUENCE OF: are 4 DISEASES OR CONDITIONS, il any, giving rise to the above cause (A) stating the ල UNDERLYING CONDITION last physician remains Was burns: OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). physician the Body 19A. DATE OF OPERATION 1198. CONDITION FOR WHICH OPERATION the 20 A AUTOPSY? (Yes of No.) 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? WAS PERFORMED Wduch before Xumdec! 21 A. ACCIDENT WAS UNDERLYING TO CONTRIBUTING CAUSE OF 3 218 PLACE OF NJURY (e.g., in or about 21 C. WHERE DID home, farm, factory, street office bldg., INJURY OCCUR? where (if in Boltimore City, give exoci location) å MEDICAL DEATH (natify medical examined any nature; obtained OF INJURY |Month| (Doy) (Yeorl Hous 21E INJURY OCCURRED 9 21F. HOW DID INJURY OCCUR? (except While At IA PPROXJ Not While and Wark At Work 22. I certify that (1) (this hospital) attended the deceased from Labrelain 99 that (1) (we) last saw the deceased allve an. of eath) and that in (my) (aur) apinion death accurred on the date hospital and haur and from the causes stated above. (1) (We) (did) (did not) view the bady after death. must accident 23A. SIGNATURE 23 B. DATE SIGNED O 0 approval 8

Attending Med. Director Staff Phys. Phys. 23C. PHYSICIAN'S NAME (Type 23D. ADDRESS

SBGH NIZARES DEGREE 24A. BURIAL CREMATION, REMOVAL (Specify) 24B. DATE

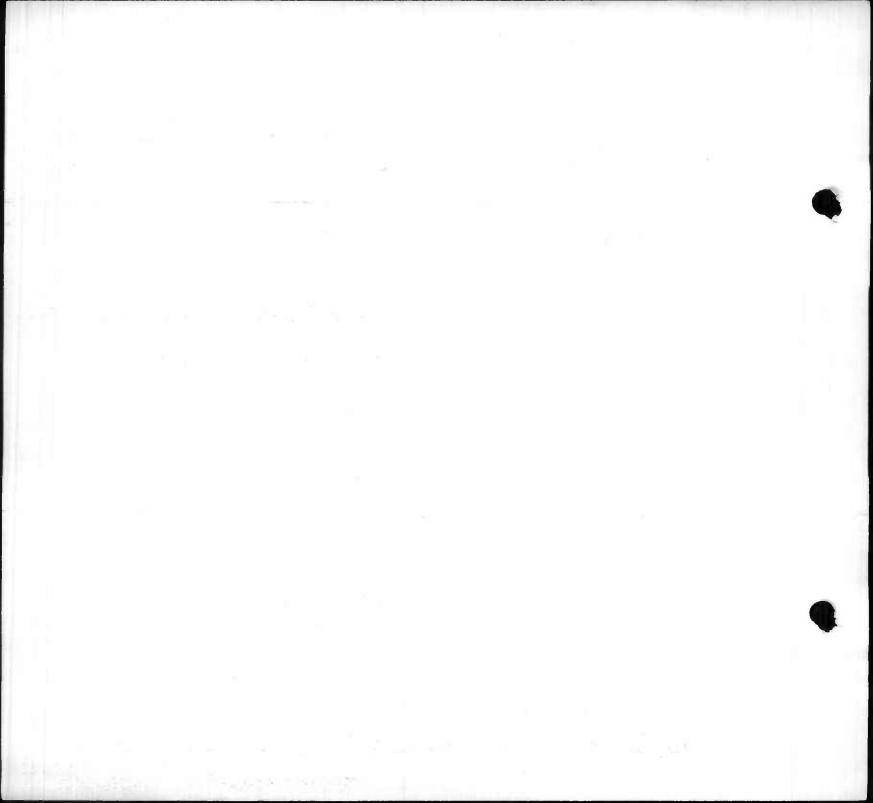
24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county)

25C. FUNERAL DIRECTOR

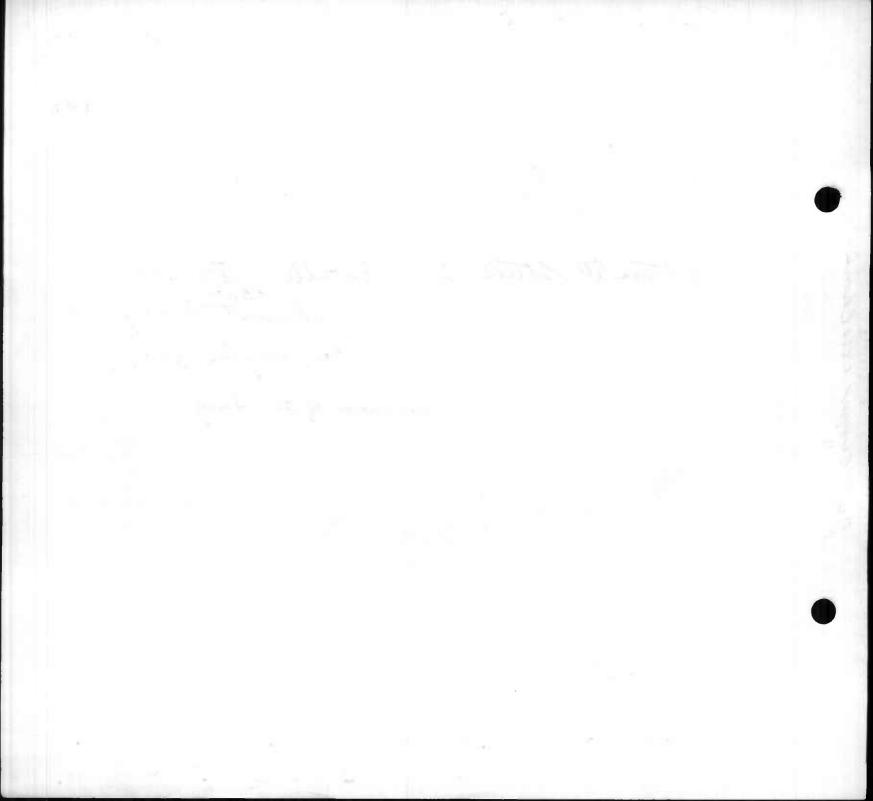
ADDRESS

(State)

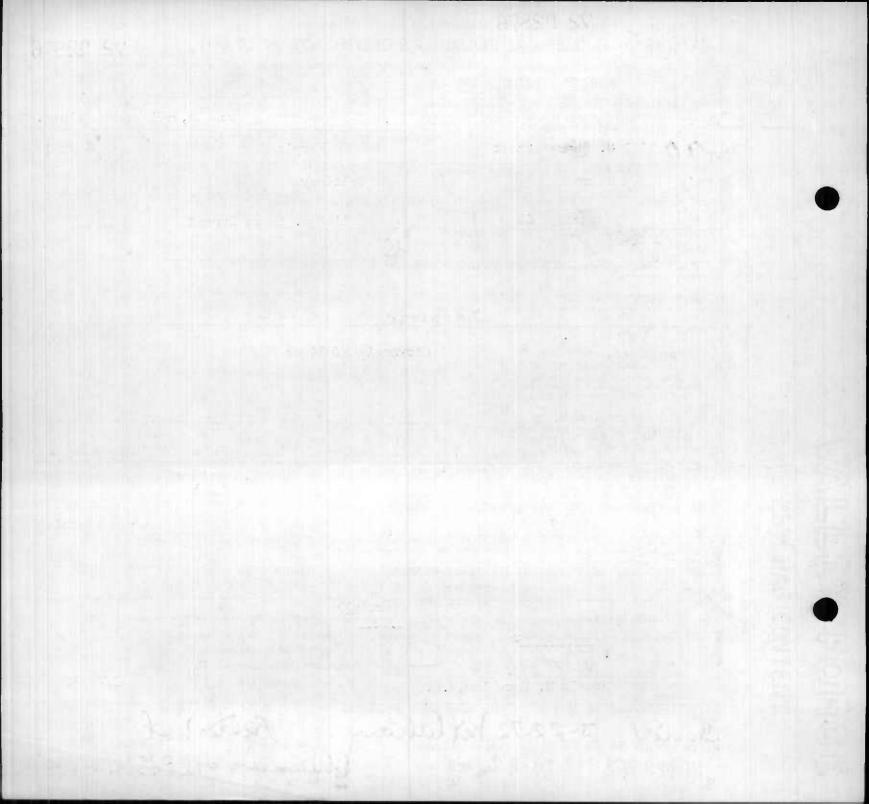
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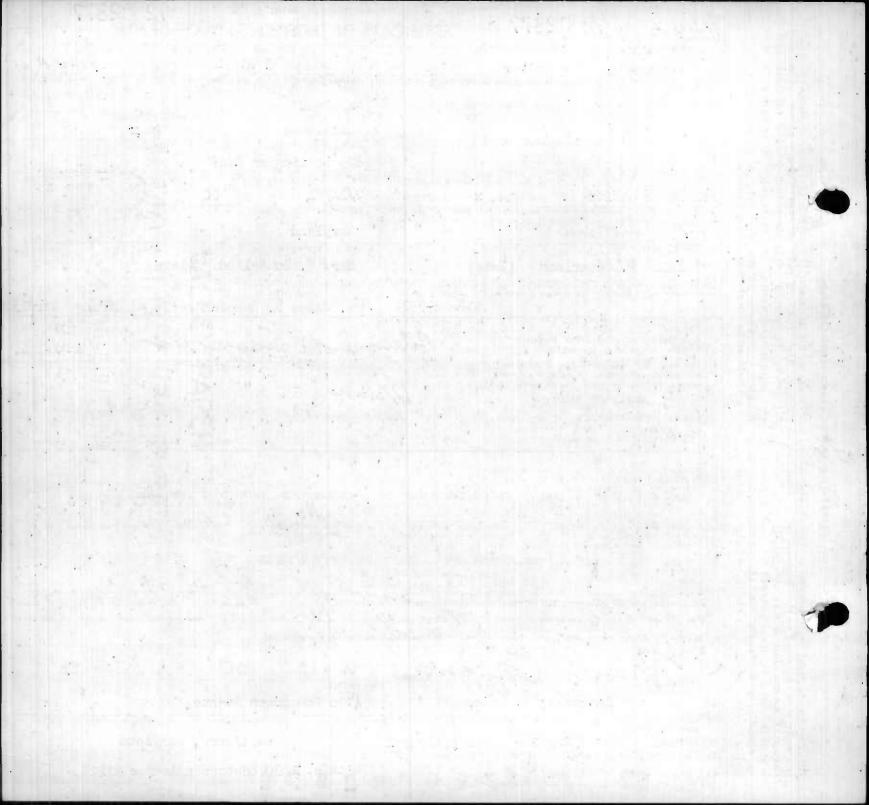
M-263 72 02874 BALTIMORE CITY HEALTH DEPARTMENT MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO	72 02874
1. NAME OF DECEASED (Type or Print)  TIMONY  TO GARTY  2. DATE OF DEATH  Estimated  Month Doy	Yeor Hour
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD  FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR INSTITUTION)  OR INSTITUTION  3. DATE  PRONOUNCED DEAD  March  14, 1972	Yeor Hour 3:43 P.
1907 E. 30th Street  A. STATE  Maryland  B. COUNTY	906
6. SEX 7. RACE B. MARRIED NEVER MARRIED C. CITY OR TOWN D. INSIDE CITY Male White WIDOWED DIVORCED Baltimore YES	
9. DATE OF BIRTH  10. AGE (In yeors lost birthday)	NO L
11. BIRTHPLACE (Stote or loreign country)  12. CITIZEN OF WHAT COUNTRY? USA  13. FATHER'S NAME  Edward L. Mc CARTY	
14A. USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTRY 15. MOTHER'S MAIDEN NAME done during most of working life, even if retired)  U-5: NAVY  AYMED Forces  UN KNOWN	
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) ((If yes, give wor or doles of service)  17. SOCIAL SECURITY NO. 18. INFORMANT ADD	DRESS
Yes VIET NAM 489-54-1468US GOVERNMENT RECOVERNMENT RECOVERNMENT	APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY	BETWEEN ONSET AND DEAT
LEADING TO DEATH  (A)IMMEDIATE CAUSE Gunshot wound of mouth  (This does not mean the mode of dying, e.g.,  DUE TO, OR AS A CONSEQUENCE OF:	
heort follure, osthenio, etc. It meons the diseose, injury or complication which coused death.)	
ANTECEDENT CAUSES  (B)  DISEASES OR CONDITIONS, IF ANY, GIVING  (B)  DUE TO, OR AS A CONSEQUENCE OF:	
RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	
(c)	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING  TO THE DEATH BUT NOT RELATED TO THE TERMINAL  DISEASE OR CONDITION GIVEN IN PART 1 (A).	
The same of the sa	21. AUTOPSY? (Yes or No) NO
22A. EXTERNAL CAUSE WAS UNDERLYING A CONTRIB. UTING CAUSE OF DEATH.  22B. PLACE OF INJURY (e.g., in or obout 22C. WHERE DID (If in Boltimore City, give exact home, farm, foctory, street, office bldg., etc.) INJURY OCCUR?  Home  1907 E. 30th Street	location)
22D. TIME (Month) (Doy) (Yeor) (Hour) 122E.INJURY OCCURRED 22E. HOW DID INJURY OCCUR?	
OF INJURY (APPROX.) March (?) 1972(?) m. WHILE AT NOT WHILE X Shot self 23.	
I certify that I held an Inquiry Inspection Autopsy and that an this basis, death in my op	pinlan
resulted fram: Natural causes Accident Suicide Homicide Undetermined manner	
ACTUAL SIGNATURE LIAND SISTANT MEDICAL EXAMINER X	DATE SIGNED
EXAMINER'S Charles S. Springate, M.D. ASSOCIATE MEDICAL EXAMINER Mar.	ch 15, 1972
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY or CREMATORY 24D. LOCATION (City, town, of CYCHATION 3/21/72 LOUDON PK. Cem BAITO:	or county) (State)  Md.
MAR 23 1972 Pala & Registrar 256. FUNERAL DIRECTOR ADD  September 1 tone	York Rd
VS 151-REV. 1/1/68 N873-8	Alto. Md



BIR	W-36	25	72 02 MEDIC	287 CAL	6 BALTIMORE CITY H	CERTIFIC	RTMENT CATE O	F D	EATI	H REG. NO	72	02876
	AME OF DEC	EASED A LI	BERT WA	TSO	1	2. DATE OF DEATH	Known   Estimoted [	_	Aonth	Doy	Year	Hour M.
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL ADDRESS OR LOCATION) OR INSTITUTION					3. DATE PRONOI	INCED DEAD	M		19, 197		7:30 A. <sub>M.</sub>	
(		113 S.	Sharp S	tre	et	A. STATE	Marylar	id	ceosed IIV	B. COUNTY	on: residence t	301
6. SEX 7. RACE Negro Never MARRIED NEVER MARRIED WIDOWED DIVORCED			Baltimore D. INSIDE CITY LIMITS?						но 🗆			
9. D	ATE OF BIRTH	1	10. AGE (In ye lost birthdoy)	64	If Under 1 Yr. If Under 24 Hrs Months   Doys   Hours   Min	1.	ND NUMBER	arp	Stre	et		
11. 1	BIRTHPLACE (S	tote or foreig	n country)		12. CITIZEN OF WHAT COUNTRY?	S 13. FATHER	SNAME		M			
14A. done	USUAL OCCUI during most of w	PATION (Giv orking life, ev	e kind of work 148 en ifretired)	. KIND	OF BUSINESS OR INDUST	RY 15. MOTHE	R'S MAIDEN N	AME				
16. (Yes	WAS DECEASE , no or unknown)	Of yes, give v	U.S. ARMED F	ORCES	17. SOCIAL SECURITY NO.	18. INFORM	MANT			,	ADDRESS	
CERTIFICATION	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (This does not meon the mode of dying, e.g., heart failure, asthenia, etc. it means the disease, injury or complication which coused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL											
ERTI			QIVEN IN PART		FOR WHICH OPERATION V	NAS PERFORM	AS PERFORMED 21.					PSY? (Yes or No)
1 1					in or obout 2	, in or obout 22C. WHERE DID (If in Boltimore City, give exact locate bldg., etc.) INJURY OCCUR?					(Partial)	
	OF INJURY (APPROX.) 23.	WEE OF DEA (Month) (Dea (Month)	eld on Inquilibration	(House	while AT NO AT No AT No At Accident Suice	OT WHILE WORK CARTIAL) Cartial) Sudopsy X Side Ho	ond that of omicide CHIEF MEDICA	this Unc	bosis, determin MINER MINER			DATE SIGNED
REA	BURIAL CREA MOVAL (Specif	MATION, 2	3-22	-7:	1001 (0000	any		Ba	CATION	(City, tox	Le county	(Stote)
V25 A	MAR 23	1972	0 .	-	Bey MD	350	Wolve Wolve	LICE	rig	702	ADDRESS Zelvi	mallone
VS	51-REV. 1/1/68				T No.	-	0 /	1	- †			- D

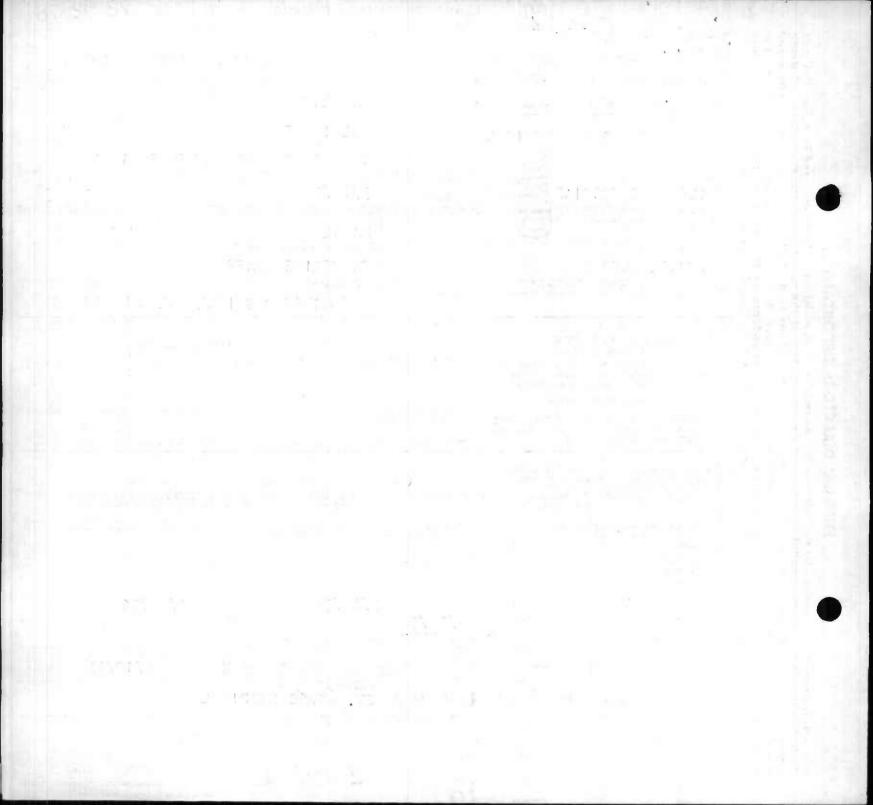


	BALTIMORE CITY	HEALTH DEPARTMENT		72 02877.
11-426 72 02877.	CERTIFICA	TE OF DEATH	REG. NO	12 02011.
Type of Paint) Type of Paint) Trances Blanche Walker			ND HOUR OF DEATH	8:45 P
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONO	UNCED DEAD	4. USUAL RESIDENCE (Wh		institution: residence before admission
FULL NAME OF (IF NOT IN HOSPITAL OR INSTIT HOSPITAL OR ADDRESS OR LOCATION)	UTION, GIVE STREET	Maryland c. CITY OR TOWN	In IN	SIDE CITY LIMITS?
NSTITUTION		Baltimore	5. 110	YES NO
623 Nottingham Road	α	E. STREET AND NUMBER		
		623 Nottingha	am Road	
SEX 6. RACE 7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years lost birthday)	Months: Doys Hours Min.
Female White WIDOWED		7/14/91	80	
OA, USUAL OCCUPATION (Give kind of work 10B, KIND Of done during most of working lite, even it elited)	F BUSINESS OR INDUSTRY	Maryland	eign country)	12. CITIZEN OF WHAT COUNTR
3. FATHER'S NAME		14. MOTHER'S MAIDEN NA	ME	
Alexis P. Sauerland (la	te)	Mary V. Sauce	erland (la	ate)
S. Was Deceased Ever in U. S. Armed Forces? Yes, no or unknown) (If yes, give war or dates of service)	1 6. SOCIAL	17. INFORMANT		ADDRESS
res, no or unknown/ ur yes, give wor or dotes or service/	216-46-3531	Mrs James I.	Hampson 6	516 Woodbridge Circ
18.44 071. 101	CAUSE OF DEATI			APPROXIMATE INTERVAL
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.		A CONSEQUENCE OF:		
TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).				
19A. DATE OF OPERATION 19B. CONDITION FOR WAS PERFORMED	WHICH OPERATION	20A. AUTOPSY? (Yes or N	O) 208. IF YES, WERE	FINDINGS CONSIDERED
		140		AUSES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING 218	ne, form, factory, street, of	n or about 21 C. WHERE DID ffice bidg., INJURY OCCUR?	(If In Boltim	ore City, give exact location)
21A. ACCIDENT WAS UNDERLYING   21B OR CONTRIBUTING   CAUSE OF DEATH (notify medical examiner) etc.	ne, form, foctory, street, of	ffice bldg., INJURY OCCUR?		
21B. TIME (Month) (Doy) (Yeor) (Hour) 21E	ne, form, factory, street, of  Not While	21F. HOW DID IN		
21A. ACCIDENT WAS UNDERLYING   21B	ne, form, foctory, street, of INJURY OCCURRED hile At Not Whil At Work	ffice bldg., INJURY OCCUR?	JURY OCCUR?	ore City, give exact location)
21A. ACCIDENT WAS UNDERLYING   21B	ne, form, foctory, street, of	21F. HOW DID IN	JURY OCCUR?	ore City, give exact location
Z1A. ACCIDENT WAS UNDERLYING   21B	ine, form, foctory, street, of a street, of	21F. HOW DID IN	JURY OCCUR?	ore City, give exact location)
D 21A. ACCIDENT WAS UNDERLYING   21B   21B	ine, form, foctory, street, of a street, of	21F. HOW DID IN	JURY OCCUR?	ore City, give exact location
21A. ACCIDENT WAS UNDERLYING   21B	ine, form, foctory, street of the control of the co	21F. HOW DID IN	JURY OCCUR?  19 6 5 ta 7  hat In(my) (our) as	ore City, give exact location
21A. ACCIDENT WAS UNDERLYING   21B OR CONTRIBUTING   CAUSE OF DEATH (notify medical examiner)  21D. TIME (Month) (Day) (Year) (Hour) 21E (APPROX.)  22. I certify that (I) (this hospital) attended to that (I) (we) last saw the deceased alive an and haur and from the causes stated above. (23A. SIGNATURE)	ine, form, foctory, street, of control of the contr	21F. HOW DID IN  21F. HOW DID IN  21F. HOW DID IN  21F. HOW DID IN  22F. HOW DID IN	JURY OCCUR?  19 6 5 ta 7  hat In(my) (out) as  Staff Phys.	ore City, give exact location)  77/42 - ZZ, 19 7 Z  plnian death accurred an the da  238. DATE SIGNED  3-22-72
21A. ACCIDENT WAS UNDERLYING   21B on CONTRIBUTING   CAUSE OF DEATH (notify medical examiner)  21D. TIME (Month) (Doy) (Year) (Hour) OF INJURY (APPROX.)  22. I certify that (I) (this hospital) attended that (I) (we) last saw the deceased alive an and haup and from the causes stated above. (23A. SIGNATURE)  23C. PHYSIGIAN'S NAME (Type)	ine, form, foctory, street, of the control of the c	21F. HOW DID IN	JURY OCCUR?  19 6 5 ta 6 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ore City, give exact location   Old 2 - ZZ, 1972  plnian death accurred an the da  238. DATE SIGNED  3-22-72
21A. ACCIDENT WAS UNDERLYING   21B	The form, foctory, street, of the foctory, street, street, of the foctory, street, s	21F. HOW DID IN  22F. H	Stoff Phys. D	ore City, give exact location  77/42 - ZZ, 19 7 Z  plinian death accurred an the da  23B. DATE SIGNED  3-22-72  City, town, or county) (State)
21A. ACCIDENT WAS UNDERLYING   21B OR CONTRIBUTING   CAUSE OF DEATH (notify medical examiner)   21E hand   21E	ine, form, foctory, street, of the control of the c	21F. HOW DID IN  22F. H	Stoff Phys. Cocation (Cartimore, Martimore,	ore City, give exact location  77/42 - ZZ, 19 7 Z  plinian death accurred an the da  23B. DATE SIGNED  3-22-72  City, town, or county) (State)



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.	
This certificate must be approved by the chief medical examiner or his assistant if death occurred the body was released to the hospital by a medical examiner. Also, if the direct or contributing shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined was D.O.A. at a hospital (except where the physician who pronounced death was in regular deceased prior to death); and (6) No physician was in regular attendance on the deceased privation approval must be obtained before the remains are embalmed or final disposition is made.	
r the chief medical examital by a medical examit; (2) Body burns; (3) A fibere the physician who before the remains are e	
e must be approved by released to the hospit accident of any nature t a hospital (except with or to death); and (6) N	
This certificate must be a the body was released to shows: (1) An accident of was D.O.A. at a hospital deceased prior to death) written approval must be	

./1)	205 72 1	02878		HEALTH DEPARTMENT	1 000 40	72 02878
BIRTH NO.	72-05/60	0.070	CERTIFICA	TE OF DEATH	REG. NO	
(Type or Print)	WATSON BAI	BY BOY			RCH 18, 19	
3. PLACE IN	BALTIMORE, MARTLAND, V	VHERE PRONC	OUNCED DEAD	4. USUAL RESIDENCE (Wh A. STATE B. COU	ere deceased lived. If in	stitution: residence before admissio
FULL NAME	OF (IF NOT IN HOSPIT	AL OR INSTIT	TUTION. GIVE STREET	MARYLAND	DALTO	5 300
INSTITUTION				C. CITY OR TOWN	D. INSI	DE'CITY LIMITS?
40	ST AGNES H	OSPITA	L .	BALTIMORE  E. STREET AND NUMBER		YES NO NO
10				1448 FOREST	PARK AVEN	UE 21207
5. SEX	6. RACE	7- MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	Il Under 1 Yt. Il Under 24 Hi Months: Days Hours: Min.
MALE	CAUCASIAN	WIDOWED		03/18/72	lost biethdoyl	Months Days Hours Min.
done during mos	CCUPATION (Give kind of world to of world)	HOL KIND O	F BUSINESS OR INDUSTRY	11. BIRTHPLACE (Slote or for	eign country)	12. CITIZEN OF WHAT COUNT
NEWB				MARYLAND		USA
3. FATHER'S	NAME			14 MOTHER'S MAIDEN NA	ME	
MICHAE	EL WATSON			CATHERINE P	FAFF	
5. Was Decea	sed Ever in U. S. Armed For	rces?	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRES\$
wi within	Jest Bro mar at done	- VI GUITIOGI	SECURITI NO.	ST AGNES H	OSPITAL BA	LTO MD 21229
18.	4001		CAUSE OF DEAT	H		APPROXIMATE INTERVAL
nise to UNDERLY	OR CONDITIONS, if the above cause (A) ING CONDITION last.  II  NIFICANT CONDITIONS CO EATH BUT NOT RELATED TO TO	stating the	(C)	A CONSEQUENCE OF:		
DISEASE O	R CONDITION GIVEN IN PAR OF OPERATION 198 CON	T 1 (A).	Water of Drawn and a	1004		******************************
OTHER SIG TO THE DI DISEASE O 19A. DATE	WAS PER	FORMED	WHICH OPERATION	YES	ON CERTIFYING CAL	FINDINGS CONSIDERED USES OF DEATH?
OR CONTI	DENT WAS UNDERLYING LAUSE OF	218 hon elc.	ne, form, foctory, street, of	or about 21 C. WHERE DID	(If In Baltimare	City, give exoct location)
21 D. TIME OF INJURY (APPROX.)	(Month) (Day) (Year)		INJURY OCCURRED  ille At	21F. HOW DID IN.	JURY OCCUR?	
22. 1 cert	ify that XiX(this hospital	) attended t	he deceased fram	3/18/72	19to03/	18/79 19
	ve) last saw the decease					nion deoth accurred on the da
				iew the bady after death.		
23A. SIGNA	TURE					23 B. DATE SIGNED
	day		DEGREE Phys	nding Med. Director	Shaff Phys.	3/19/72
23C.PHYSI	CIANS FODOLFS	P. VE	LASCO M.D.	ST. AGNES HO		
4A. BURIAL C	REMATION, 248. DATE	24C. N.	AME of CEMETERY OF CRE	MATORY 24D. L	OCATION (Cit	y, town, or county) (Stotel
Buris	0 /00 /00	2 Gl	en Haven	G	len Burnie, l	Maryland
MAR	23 1972 CA	258. NAME (	P. Z. O	25C. FUNERAL DIRECTOR	R	ADDRESS
\$ 150-REV. 1/	1/68		James VIII			



and

of death

Also, if the direct or contributing cause

death was in regular attendance on the

shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased

was D.O.A. at a hospital (except where the physician who pronounced

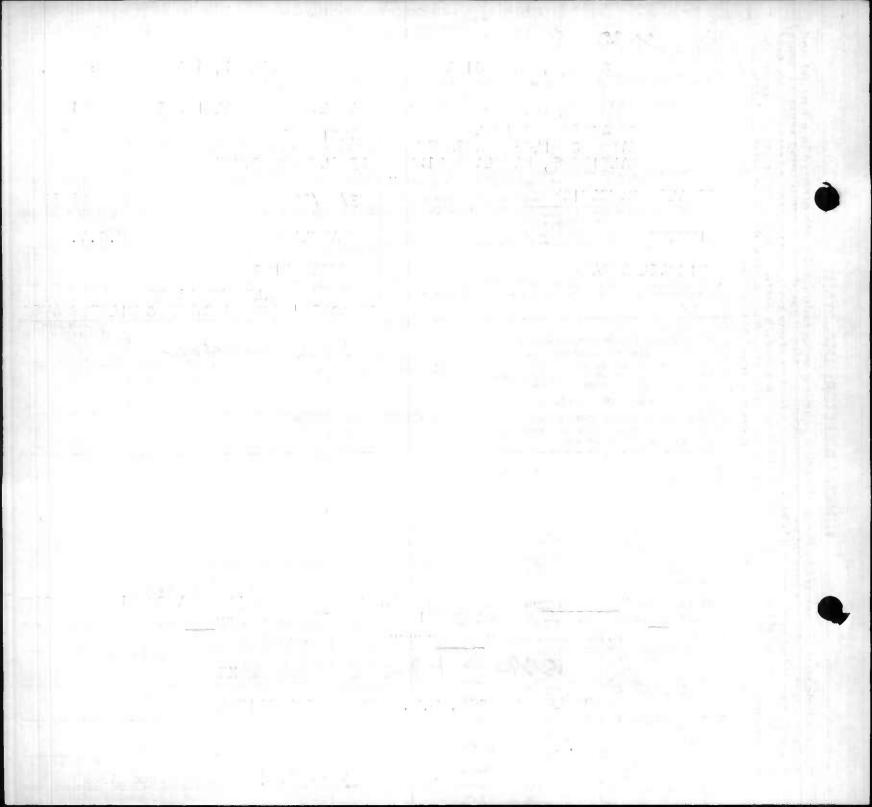
the body was released to the hospital by a medical examiner.

1	1-115		20101-	BALTI					L)(	0000	0
	TH NO. 7	2-0546	2879	CER	TIFICA	TE OF DE	ATH	REG. NO.		2 0287	9
	IAME OF DECE pe or Print)		O DAI	DV CIDI		1		ND HOUR OF DEA	ATH Z O	( 00	
3, 1	PLACE IN BALT	IMORE MARYLAND		BY GIRL	D		MARC	H 21, 19	/Z	6:00	
						A. SIAIE	b. Cour	NTY	II Institution:		
HO	LL NAME OF SPITAL OR STITUTION	ADDRESS OR L	SPITAL OR IN	ISTITUTION, GIVE	STREET	MARYLAN C. CITY OR TOWN		BALTIM			228
	, / >	ST AGNES	HOSP	ITAL		BALTIMO		Ь.	INSIDE CITY YES	-	X
6	40			S AVENUE		E. STREET AND N	NUMBER			1	2
5. S		BALTIMOR			1229	13 ELKW		COURT			560
	EMALE	CAUCASIA	5.1	NEVER M	No.	8. DATE OF BIRTH		9. AGE (In years lost birthday)	If Un Month	s! Doys   Hours	nder 24 I Min
		PATION (Give kind of			ORCED	03/20/7	2		110.61	21	39
done	e during most of w	orking life, even if refin	od)					ади соонну)	12. C	TIZEN OF WHA	i conv
13. 1	INFANT FATHER'S NAM	(E				MARYL 14 MOTHER'S MA		NAC		U.S.A.	
		L ABRAMO	Forces?	II 6. SOCIAL		SUSAN					
(Yes,		Ever in U. S. Anned Of yes, give war or	dotes of servi	ce) SECURITY	Y NO.	17. INFORMANT		LTO MD 2	- par	ADDRESS	
	NO 18. 17 17 9				OF DEATH		REC	ORDS CAT	1 3 NO	MILKENS	
	(This does not heart failure, a injury or camp  A DISEASES Of ise to the	EADING TO DEA' If mean the mode isthenia, etc. It medication which caus NTECEDENT CAUS R CONDITIONS, above cause (CONDITION last)	of dying, ans the dise sed death.) SES if any, gi	e.g., DUI		SE CONSEQUENCE OF	f;	Leverahag			
NON	(This does not heart failure, a injury or camp  A DISEASES OF rise to the UNDERLYING  OTHER SIGNIFIC TO THE DEATH	of mean the mode asthenia, etc. It medication which cause NTECEDENT CAUSE CONDITIONS, above cause (CONDITION last.	of dying, ans the dise sed death.) SES if any, gi A) stating	ving (6)	e to, or as a	CONSEQUENCE O	f;	everakag			
RTIFICATION	(This does not heart failure, a injury or camp  A DISEASES OF rise to the UNDERLYING  OTHER SIGNIFIE TO THE DEATH DISEASE OR CO 19A. DATE OF C	It mean the mode isthenia, etc. It medication which caus NTECEDENT CAUS CONDITIONS, above cause (CONDITION last.  LANT CONDITIONS (BUT NOT RELATED TO NOT RELATED TO NOT RELATED TO DEFERATION 17% CWAS 1	of dying, ans the dise ted death.) SES if any, gir A) stating CONTRIBUTION THE TERMINA PART 1 (A). ONDITION FERFORMED	ving (6)	E TO, OR AS	CONSEQUENCE O	F; OF:		RE FINDING	S CONSIDERED DEATH?	
CAL CERTIFICATION	(This does not heart failure, a injury or camp  A DISEASES OF ise to the UNDERLYING  OTHER SIGNIFIC TO THE DEATH DISEASE OR CO 19A. DATE OF (2)  21A. A C CIDENT OR CONTRIBUT	If mean the mode isthenia, etc. It medication which caus NTECEDENT CAUS CONDITIONS, above cause (CONDITION last, CONDITION of the condition of	of dying, ans the dise ted death.) SES if any, gir A) stating CONTRIBUTION THE TERMINA PART 1 (A). ONDITION FERFORMED	ving (6)  Ving (C)  NG IAL  OR WHICH OPERA	E TO, OR AS A	A CONSEQUENCE O	F: OF: (Yes or No	20B. IF YES, WE	RE FINDING CAUSES OF	S CONSIDERED DEATH?	
MEDICAL CERTIFICATION	(This does not heart failure, a injury or camp  A DISEASES Of rise to the UNDERLYING  OTHER SIGNIFIC TO THE DEATH DISEASE OR CO 19A. DATE OF CO 21A. ACCIDENT OR CONTRIBUT DEATH (notify r	It mean the mode isthenia, etc. It medication which cause NTECEDENT CAUSE CONDITIONS, above cause (CONDITION last.    CONDITION last.   CONDITION	of dying, ans the dise sed death.) SES if any, gir A) stating  CONTRIBUTION OF TERMINA ONDITION FERFORMED	ving (B).  Ving (C)  NG (AL OPERA  218, PLACE OF IN home, forctor	E TO, OR AS A E TO, OR AS  ATION  JURY (e.g., in ry, street, offi	A CONSEQUENCE OF A CONS	F:  OF:  (Yes or No	20B. IF YES, WE	RE FINDING CAUSES OF	DEATH?	
MEDICAL CERTIFICATION	(This does not heart failure, a injury or camp  A DISEASES OF rise to the UNDERLYING  OTHER SIGNIFIC TO THE DEATH DISEASE OR CO 19A. DATE OF CONTRIBUT DEATH (notify rof Injury (APPROX.)  22. 1 certify to contribut to the contribution to the c	If mean the mode isthenia, etc. It medication which caus NTECEDENT CAUS CONDITIONS, above cause (CONDITION last.  CANT CONDITION last.  CANT CONDITIONS (BUT NOT RELATED TONDITION GIVEN IN DOPERATION 198 C WAS I WAS UNDERLYING CAUSE OF medical examines)  (Month) (Day) (Yehls hospi	of dying, ons the dise sed death.) SES if any, gir A) stating CONTRIBUTII O THE TERMINPART 1 (A). ONDITION FERFORMED  on) (Hour)	ving (B).  Ving (B).  Ving (C).  NG (AL.  OR WHICH OPERA  218. PLACE OF IN home, foctor etc.)  218. INJURY OCC  While At Work  ed the deceased	ETO, OR AS A  ETO, OR AS  ATION  JURY (e.g., in fig. 1)  Surred  At Work  from	20A. AUTOPSY? YES or obout 21C, WHE ice bldg. INJURY 0	F:  (Yes or No  RE DID CCUR?	20B. IF YES, WE IN CERTIFYING  (If In Bolti	RE FINDING CAUSES OF	Ive exoct locotion	19 72
MEDICAL CERTIFICATION	(This does not heart failure, a injury or camp  A DISEASES Of fise to the UNDERLYING  OTHER SIGNIFIK TO THE DEATH DISEASE OR CO 19.A. DATE OF CONTRIBUT DEATH (notify r 21.D. TIME (APPROX.)  21.D. TIME (APPROX.)  22. 1 certify to the time of time of the time of the time of the time of time of the time of t	If mean the mode isthenia, etc. If medication which caus interest of the inter	of dying, ons the dise sed death.) SES if any, gir A) stating  CONTRIBUTION ON THE TERMINISH TO THE TERMINISH THE TERMINISH TO THE TERMINISH THE TE	ving (B) DUI the (C)	E TO, OR AS A  E TO, OR AS  ATION  ATION  OF While off Work  From MA  2 1	20A. AUTOPSYTY YES or obout 21C, WHE co bldg., INJURY 0	F:  (Yes or No  RE DID CCUR?	20B. IF YES, WE IN CERTIFYING  (If In Bolti	RE FINDING CAUSES OF	Ive exoct locotion	19 72
MEDICAL CERTIFICATION	(This does not heart failure, a injury or camp  A DISEASES OF fise to the UNDERLYING  OTHER SIGNIFIED TO THE DEATH DISEASE OR CO 19A. DATE OF CONTRIBUTE OF INJURY (APPROX.)  21 D. TIME OF INJURY (APPROX.)  22. 1 certify to that (Web) 1 and hour and	If mean the mode isthenia, etc. If medication which caus interest of the inter	of dying, ons the dise sed death.) SES if any, gir A) stating  CONTRIBUTION ON THE TERMINISH TO THE TERMINISH THE TERMINISH TO THE TERMINISH THE TE	ving (B) DUI the (C)	E TO, OR AS A  E TO, OR AS  ATION  ATION  OF While off Work  From MA  2 1	20A. AUTOPSYTY YES or obout 21C, WHE co bldg., INJURY 0	F:  (Yes or No  RE DID CCUR?	20B. IF YES, WE IN CERTIFYING  (If In Bolti	RE FINDING CAUSES OF	Ive exoct locotion	19 72
MEDICAL CERTIFICATION	(This does not heart failure, a injury or camp  A DISEASES Of rise to the UNDERLYING  OTHER SIGNIFIC TO THE DEATH DISEASE OR CO 19A. DATE OF CO 21A. ACCIDENT OR CONTRIBUT DEATH (notify r (APPROX.)  22. I certify to that (O (we) I and hour and contains to the contains to	If mean the mode isthenia, etc. It medication which cause the interest of the	of dying, ons the dise sed death.) SES if any, gir A) stating  CONTRIBUTION ON THE TERMINISH TO THE TERMINISH THE TERMINISH TO THE TERMINISH THE TE	ving (B) DUI the (C)	ATION  ATION  ATION  OF AS A  ATION  OF AS A  ATION  OF AS A  ATION  ATI	20A- AUTOPSY? YES or obout 21C, WHE ce bidg, NJURY 0  21F. HOW	(Yes or No RE DID CCUR?	20B. IF YES, WE IN CERTIFYING  (If In Bolti	RE FINDING CAUSES OF	Ive exoct locotion	19 72
MEDICAL CERTIFICATION	(This does not heart failure, a injury or camp  A DISEASES OF fise to the UNDERLYING  OTHER SIGNIFIED TO THE DEATH DISEASE OR CO 19A. DATE OF CONTRIBUTE OF INJURY (APPROX.)  21 D. TIME OF INJURY (APPROX.)  22. 1 certify to that (Web) 1 and hour and	If mean the mode isthenia, etc. It medication which cause the incomplete of the inco	of dying, one the dise sed death.) SES if any, gir A) stating  CONTRIBUTION OF TERMINATION OF THE TERMINATIO	ving (B) DUI the (C)	ETO, OR AS A  ETO, OR AS  ETO, OR AS  ATION  JURY (e.g., in 17), street, off  CURRED  Not While At Work  from MA  2 1  MONTH MARK  Attention Attention Attention Attention MA  2 1  Attention Attention Attention Attention Attention MA  2 1  Attention Attenti	20A-AUTOPSYTY YES or obout 21C, WHE ce bidg, INJURY 0  21F, HOW 19 72 ew the body ofte	(Yes or No	URY OCCUR?	RE FINDING CAUSES OF	Ive exoct locotion	19 72
MEDICAL CERTIFICATION	(This does not heart failure, a injury or camp  A DISEASES OF fise to the UNDERLYING  OTHER SIGNIFIED TO THE DEATH DISEASE OR CO 19A. DATE OF CO 19A. DATE OF CONTRIBUTE OF INJURY (APPROX.)  21 D. TIME OF INJURY (APPROX.)  22. 1 certify the thot (1) (we) 1 and hour and 23A. SIGNATUR  23C. PHYSICIAN	If mean the mode isthenia, etc. It medication which caus NTECEDENT CAUS REPORT CAUS REPORE	of dying, on the dise ted death.) SES if any, gin A) stating  CONTRIBUTION ON THE TERMIN PART 1 (A). ONDITION F- PERFORMED  on) (Hour)  tol) oftender assed alive and the diseased aliv	ving (B).  DUI the (C)  NG IAL  OR WHICH OPERA  21B. PLACE OF IN home, foctor etc.)  21E. INJURY OCC While At Work  ed the deceased on. MARC'  e. (P) (We) (did)	ATION  AT	20A. AUTOPSY? YES or obout 21G. WHE ice bldg. INJURY 0 21F. HOW 21F. HOW A CONSEQUENCE O	(Ves or No RE DID CCUR?  / DID INJ  ond the tor  HOS F	20B. IF YES, WE IN CERTIFYING  (If In Bolti  URY OCCUR?  19 /2 ta M  at In (XXX (our) at In (XXX (our) at In (XXX) (our)	RE FINDING CAUSES OF	ive exoct location  2 1  ath occurred o	19 74
MEDICAL CERTIFICATION	(This does not heart failure, a injury or camp  A DISEASES Of rise to the UNDERLYING  OTHER SIGNIFIC TO THE DEATH DEATH OF CONTRIBUT OF CONTRIBUT OF INJURY (APPROX)  21.A. ACCIDENT (APPROX)  22. I certify to the (1) (we) I and hour and 23.A. SIGNATUR  23.C. PHYSICIAN NAME (Typ.)  BURIAL CREM REMOVAL (Sp.)  BURIAL CREM REMOVAL (Sp.)	If mean the mode isthenia, etc. It medication which caus NTECEDENT CAUS REPORT CAUS REPORE	of dying, on the dise ted death.)  SES  if any, gin A) stating  CONTRIBUTION OF TERMINA  ONDITION FERFORMED  on (Hour)  tol) oftended  sed alive a state of the death.	ose,  (B) DUI the (C)  NG (AL  OR WHICH OPERA  21B, PLACE OF IN home, form, foctor etc.)  21E INJURY OCC While At Work  on MARCU  (IX (We) (did))  LASCO, N	ATION  ATION  ATION  ATION  OF AS A  ATION  OF AS A  ATION  ATION  ATION  OF AS A  ATION  ATI	20A. AUTOPSYTY YES or obout 21G. WHE ice bldg. INJURY 0 21F. HOW 21F. HOW 3D. ADDRESS STAGNES MATORY	(Ves or No RE DID CCUM?  Ond the r death.  HOS F	20B. IF YES, WE IN CERTIFYING  (If In Bolti  URY OCCUR?  19 /2 ta M  at In (XXX (our) at In (XXX (our) at In (XXX) (our)	RE FINDING CAUSES OF more City, g	ive exoct location  2 1  ath occurred o	19_74

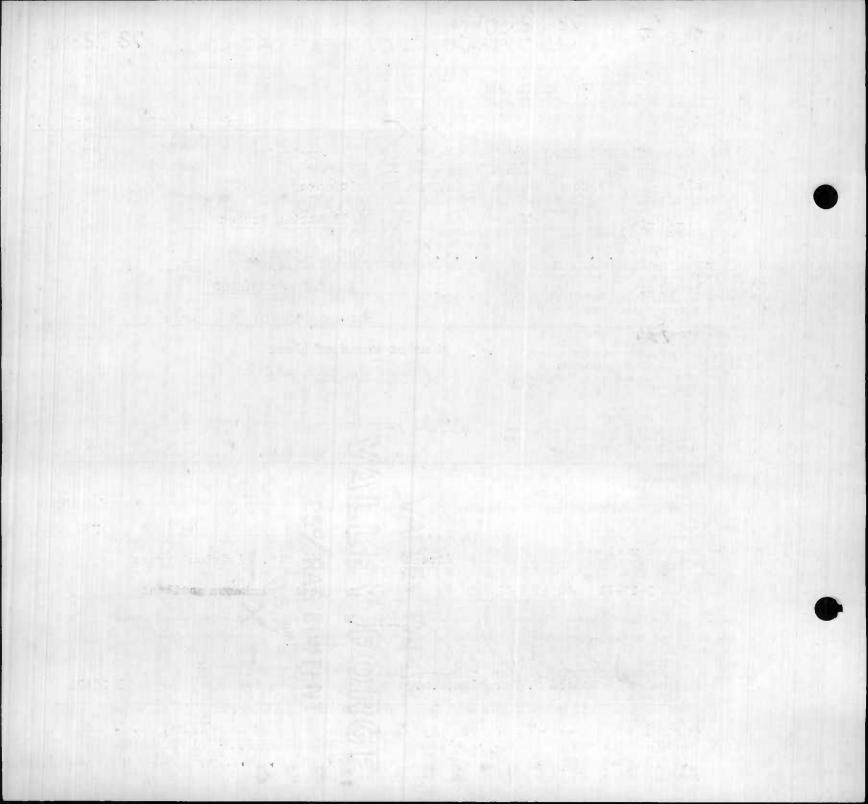
MAR 23 19/2

VS 150-REV. 1/1/68

Witzle, 1630 Edmondson Avenue 21228



B-650 72 02880 BALTIMORE CITY HEALTH DEPARTMENT MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.	72 02880					
1. NAME OF DECEASED   2. DATE Known   Month Day	Yeor Hour					
(Type or Print) DENNIS LEE BROWN OF DEATH Estimated	M.					
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 3. DATE Month Day	Year Hour					
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)  PRONOUNCED DEAD  March 21, 197	2 11:10 P.M					
OR INSTITUTION  5. USUAL RESIDENCE (Where deceased lived. If institution						
MARYLAND GENERAL HOSPITAL (DOA)  A. STATE Maryland  B. COUNTY	1403					
6. SEX 7. RACE B. MARRIED NEVER MARRIED C. CITY OR TOWN D. INSIDE C	ITY LIMITS?					
	ES NO					
9. DATE OF BIRTH 10. AGE (In years   If Under 1 Yr. If Under 24 Hrs.   E. STREET AND NUMBER						
1-22-50   lost birthday) 22   Months, Days   Hours   Min.   1911 Etting Street						
11. BIRTHPLACE (State or foreign country)  12. CITIZEN OF  13. FATHER'S NAME						
N.C. WHAI COUNTRY? Veno Brown						
14A. USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTRY 15. MOTHER'S MAIDEN NAME						
laborer  laborer  Thelma Perkines						
16 WAS DECEASED EVER IN U.S. ARMED FORCES? 117, SOCIAL 18, INFORMANT A	DDRESS					
(Yes, na or unknown) (II yes, give wor or dotes of service)  SECURITY NO.  Thelma Brown same						
19. E Q L E V . CAUSE OF DEATH	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH					
DISEASE OR CONDITION DIRECTLY Gunshot wound of chest	BETWEEN ONSET AND DEATH					
LEADING TO DEATH (A)IMMEDIATE CAUSE						
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury ar camplication which caused death.)						
ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)						
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  20A. DATE OF OPERATION   20B. CONDITION FOR WHICH OPERATION WAS PERFORMED						
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WAS PERFORMED	21. AUTOPSY? (Yes or No)					
	yes					
Z2A. EXTERNAL CAUSE WAS   22B. PLACE OF INJURY (e.g., in or obaut 22C. WHERE DID (If in Boltimore City, give ex home, form, factory, street, office bldg., etc.)   INJURY OCCUR?   Street   1500 Blk. Division Street   1500 Blk. Division Street   1500 Blk.	eet 1402					
22D. TIME (Month) (Doy) (Year) (Hour) 22E. INJURY OCCURRED 22F. HOW DID INJURY OCCUR?						
(APPROX.) 3-21-72 10:45 P m. WHILE AT NOT WHILE X Shot by unknown assilar	nt					
resulted from: Natural couses Accident Suicide Homicide Undetermined manner						
ACTUAL SIGNATURE ASSISTANT MEDICAL EXAMINER X	DATE SIGNED					
EXAMINER'S Ronald N. Kornblum, M.D. ASSOCIATE MEDICAL EXAMINER 3/22/72						
NAME (Type)  24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY or CREMATORY 24D. LOCATION (City, tow	rn, ar caunty) (State)					
REMOVAL (Specify)						
Burial 3-20-72 Family Plot Greenville,						
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR V. Dalley Kelson F. H. 1348 Gal	ADDRESS Lhoun Street					



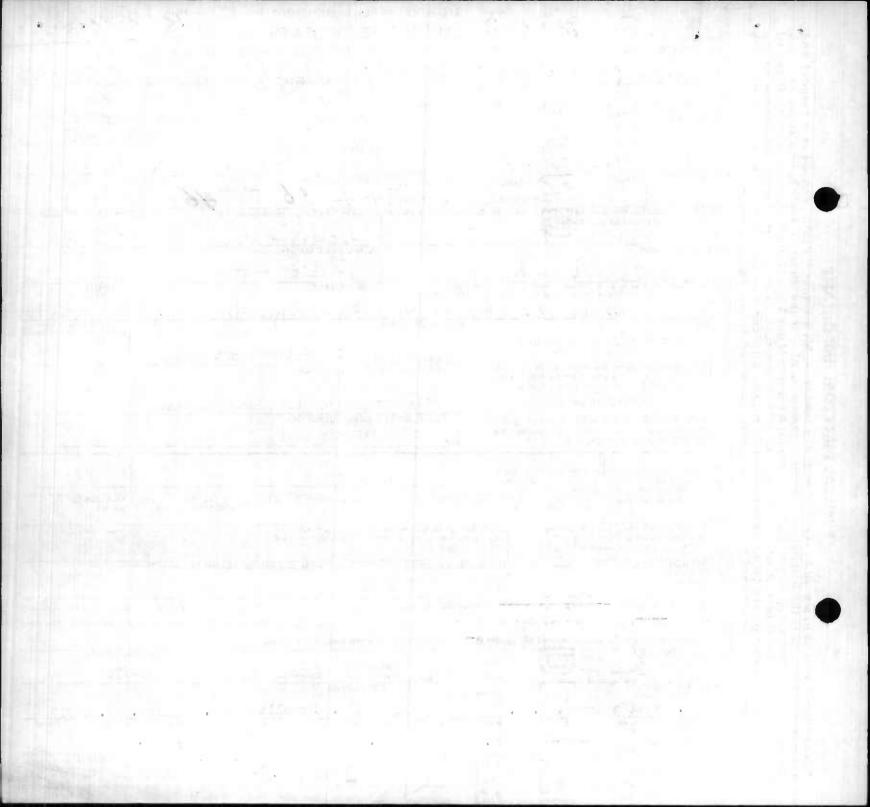
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any natures: (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

	M-624 72 02	XXI	HEALTH DEPARTMENT	REG. NO.2 0	2881
1.1	VAME OF DECEASED  PO OF PRINT MORSELL. Theror		2. DATE AT	ND HOUR OF DEATH	8:10P.
3.	PLACE IN BALTIMORE, MARYLAND, WHERE PR	ONOUNCED DEAD	4. USUAL RESIDENCE (Whe	ere decoosed lived. If institu	tion: residence below odmission)
II H	ILL NAME OF (IF NOT IN HOSPITAL OR II ADDRESS OR LOCATION)	ASTITUTION, GIVE STREET	Maryland C.CILY OR TOWN		CITY LIMITS?
	Provident Hospital		Battimore		SIP NOT
EF.	2600 Liberty Heights	Ave.	E. STREET AND NUMBER		ane
	M WIDO	NEVER MARRIED DIVORCED	10 - 19-07	9. AGE (In years If Mo	Under 1 Yt. if Under 24 Hrs. onths Doys Hours Min.
	USUAL OCCUPATION (Give kind of work 10B, KIN the during most of working life, even if retired)	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fore	ign country)	. CITIZEN OF WHAT COUNTRY?
11			Marylo	end	U. S. A.
13.	FATHER'S NAME		14 MOTHER'S MAIDEN NA		
	Ruffus Mo		Viola	Albright	the state of the s
15. (Ye	Was Deceased Ever in U. S. Armed Forcest s, no prenknown) Ill yes, give war-or dates of serv	16. SOCIAL	17. INFORMANT	12	ADDRESS
-	no	911-18-8190	Mrs Elizabet	th Evans-Siste	r Same
	18.431.9	CAUSE OF DEATH			APPROXIMATE INTERVAL
1	DISEASE OR CONDITION DIRECTLY		01/1		BETWEEN ONSET AND DEATH
	LEADING TO DEATH (This does not mean the mode of dying,	(A) IMMEDIATE CAU		Probal	Ly
	heart laiture, asthenia, etc. It means the disc injury or complication which caused death.)	dse,	CONSEQUENCE OF:	11 1	
	ANTECEDENT CAUSES		Cerebral	Hours ho	261
	DISEASES OR CONDITIONS, II any, gi	ving (B)	A CONSEQUENCE OF:	***	
	rise to the above cause (A) stating UNDERLYING CONDITION last.	ine			
	11	(c)		***************************************	******
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTI TO THE DEATH BUT NOT RELATED TO THE TERMIT DISEASE OR CONDITION GIVEN IN PART 1 (A)	NG NAL		***************************************	
ERTIFICATION	19A-DATE OF OPERATION 19B. CONDITION F WAS PERFORMED	OR WHICH OPERATION	20A. AUTOPSY? (Yes or No	IN CERTIFYING CAUSES	INGS CONSIDERED
CALC	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	218. PLACE OF INJURY (e.g., in home, lam, factory, street, off etc.)	or obout 21C. WHERE DID	(if In Boltimore Cit	y, give exact facation)
MEDI	21D-TIME (Month) (Doy) (Year) (Hour) OF INJURY (APPROX.)	21 E INJURY OCCURRED  While AI Not While Work At Work	21F. HOW DID INJ	URY OCCUR?	
	22. I certify that (I) (this hospital) attend			1972 to 3 -	- 2-1 10 77-
	that (I) (we) last saw the deceased alive	- 1			death accurred an the date
	and hour and fram the causes stated abay		and the	at in (my) (ont-obluton	death accurred on the date
	23A. SIGNATURE	e. (1) (we) (did) (did little) Vi	ew the bady after death.	238	DATE SIGNED
	Thanky C	V Shur	nding Med.	Staff Phys.	2-21-72
	23C. PHYSICIAN'S NAME (Type) M. C. Mey C	ado No 2	3D. ADDRESS	THON,	Batto Nd.
24 A	SURIAL CREMATION, 248, DATE REMOVAL (Specify) 3-25-72	C.NAME of CEMETERY of CREI	MATORY 24D. L	Balto., Md.	wn, or county) (State)
25A		ME OF REGISTRAR	25C. FUNERAL DIRECTOR	V. Bailey.	oun Street
VS	150-REV. 1/1/68				

one orest district to one

Such . This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and, the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

	8 410 000	BALTIMORE CITY	HEALTH DEPARTMENT	ヴウ	03000
	12 -6/2: 72 028	82 CERTIFICA	TE OF DEATH	REG. NO.	0.5885 · ·
	Pe or Print) Lycien	Derbign	2. DATE AN 2/2/	72	Undetermined_
3.	PLACE IN BALTIMORE MARYLAND, WHERE PR	ONOUNCED DEAD	A USUAL RESIDENCE (Whe	te deceased lived. If institu	ution: residence before admission)
He	LL NAME OF (IF NOT IN HOSPITAL OR II ADDRESS OR LOCATION)	ISTITUTION, GIVE STREET	C. CITY OR TOWN		CITY LIMITS?
0	0		BAITO.	Y	ES NO 🗌
	1114 Homewood	1 Ave.	E. STREET AND NUMBER	mewaga	1 Ave
5,	6. RACE 7. MAR. WIDO	NEVER MARRIED DIVORCED	1-4- 16	9. AGE (In years lost birthday)	Under 1 Yr. If Under 24 Hrs. Hours Min.
	USUAL OCCUPATION (Give kind of work 10B, KIN	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fare	ign country)	2. CITIZEN OF WHAT COUNTRY?
1	Aboner		Louisia	016	11.5 A
13.	FATHER'S NAME		14 MOTHER'S MAIDEN NA	ME	01.0111.
	James Derb	igNV	Nellie -		
15. (Ye	Was Deceased Ever in U. S. Armed Forces? s,no or unknown) (If yes, give war or dates of serv	icel SECURITY NO.	17. INFORMANT		ADDRESS
	Xes W. WITS	4.35306674	Grandalia	Derhipun	-831 Augusto A.
	16. 753 OR CONDITION DIRECTLY	CAUSE OF DEATH		Y	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	LEADING TO DEATH (This does not mean the mode of dying,	(A) IMMEDIATE CAU	V 6	Heart Failure	
	heart failure, asthenia, etc. It means the disc	dse,	CONSEQUENCE OF:	- A	
	injury or complication which caused death.)  ANTECEDENT CAUSES	Bilater	al Polycystic Ki	Amer Da	
	DISEASES OR CONDITIONS, if any, gi		A CONSEQUENCE OF:	toney Disease	**********************
	rise to the above couse (A) stating UNDERLYING CONDITION (ast.	the	Undetermined		
	11	(c)			
CERTIFICATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTI TO THE DEATH BUT NOT RELATED TO THE TERMII DISEASE OR CONDITION GIVEN IN PART 1 (A).	NG Uno	letermined	*************************************	***************************************
RTIFIC	19A-DATE OF OPERATION 19B CONDITION FWAS PERFORMED	OR WHICH OPERATION	NO	10 20% IF YES, WERE FINE IN CERTIFYING CAUSE	DINGS CONSIDERED S OF DEATH?
SAL.	21A. A CCIDENT WAS UNDERLYING OF CONTRIBUTINO CAUSE OF DEATH Inofity medical exomined NO	21 B PLACE OF INJURY (e.g., in home, form, factory, street, off etc.)	ar about 21 C. WHERE DID	(If In Baltimore Ci	ly, give exact facation)
MEDIC	21D-TIME (Month) (Doy) (Year) (Hour) OF INJURY	21 & INJURY OCCURRED	21f. HOW DID INJ	URY OCCUR?	
E	IAPPROX.)	While Al D Not While Work At Work			
	22. I certify that (I) (this hospitul) uttend	est the deceased from		9 10 1/27/	19.72
	that (I) (we) Tast saw the deceased alive			at In(my) (our) opinior	death occurred on the date
	and hour and from the causes stated above	e, (I) (WE) (did) (did not) vi	ew the body after death.		
	23A. S)GNATURE			231	B, DATE SIGNED
	f. Trul	DEGREE Phys.	ding Med. Director	Staff Phys.	2/4/72
	28C. PHYSICIAN'S NAME (Type)		3D. ADDRESS		
	J. Preston Grant, M. D.		601 N. Carrollt	on Ave. Bal	to. Md. 21217
244	REMOVAL (Specify)	c.name of cemetery of crea Mt. Auburn 'en	MATORY 24D. LC	altimore, M	to. Nd. 21217 own, or county) (State) d.
25A		ME OF REGISTRAR	25C. FUNERAL DIRECTOR	V. ailey	ADDRESS
N 2V	AR 23 1972 (1668 E. MARIO)	ACO. C. U.	MelBon F.H	• 1348 Cal	houn Street



### 72 02883 MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG

 72	05	8	8	-

BIRTH NO.								KEG. 140.		
I. NAME OF DECEASED (Type or Print)  JOHN J. MANNING					2. DATE OF DEATH	Known 🖺	Month March	21, 197	72 Year	Hour M.
4. PLACE IN BAL	TIMORE, MA	RYLAND, W	HERE PR	ONOUNCED DEAD	3. DATE		Manth	Doy	Yeor H	Hour
FULL NAME OF HOSPITAL OR INSTITUTION	(IF NO	T IN HOSPITA	L OR INST	ITUTION, GIVE STREET		INCED DEAD		21, 197		4:45 A.
31	D	1 4 7		. 1 (mat)	A. STATE			COUNTY	residence belo	are odmission)
and the same of th	Provi	dent H	lospit	cal (DOA)		Maryland			X	180
6. SEX	7. RACE		B. MARRI	ED NEVER MARRIED	C. CITY OR	TOWN	1	D. INSIDE CITY	LIMITS?	
Male	White		WIDOW	ED DIVORCED		Baltomore		YES	NC NC	
9. DATE OF BIRT	Н	10. AGE (In	yeors	If Under I Yr. II Under 24 Hrs. Months : Doys : Haurs : Min.	E. STREET	ND NUMBER				
1/17/19	80	64 8	3/			3510 Have	ard Ave	enue		
II. BIRTHPLACE (S	tote or loreig	n country)		12. CITIZEN OF	13. FATHER				THE I	
Mona				WHAT COUNTRY?	3.64	sheel Man	and an			
Mass.	PATION/Giv	kind of world	AR KIND	U.S.A.  OF BUSINESS OR INDUSTRY		chael Man				
dane during most of v	vorking lile, ev	en Il retired)	40. KIIAD	OF BOSHNESS OK HADOSIK	13. MOTHE	C 3 MAIDEN NAM	16			
Soldier			U.S.	Army	E	izabeth -				
6. WAS DECEAS	ED EVER IN	U.S. ARMED	FORCES	? II7. SOCIAL	18. INFOR			ADI	DRESS	
(Yes, no or unknown)		ror ar doles o	ot service)	212-54-7552	17 4	Doored -				
168	MA	7.7		CAUSE OF DEA		Records			Appe	DXIMATE INTERVAL
I'' E SAS	10%			CAUSE OF DEA	ın					N ONSET AND DEATH
DISEAS	E OR COND	ITION DIREC	CTLY							
	LEADING TO	DEATH		(A)IMMEDIATE C	AUSE Sm	oke inhala	tion			
(This does n	at mean the	made of dy	ng, e.g.,		AS A CONSEQ	UENCE OF:				*****
	, osthenio, etc.									
			,			C1			-3	
At	NTECEDENT	CAUSES		(8)	Co	nflagratio	n			
DISEASES	OR CONDITIO	ONS, IF ANY	GIVING	(B) DUE TO, OR	AS A CONSE	PUENCE OF:				
RISE TO THE	E ABOVE CAL	USE (A) STAT	ING THE							
2	io conom	OIT LASI.		(c)				***************************************		
OTHER SIGN TO THE DEAD DISEASE OR 20A. DATE OF		11								
OTHER SIGN	IFICANT CON	IDITIONS CO	NTRIBUT	ING						
DISEASE OR	ATH BUT NOT	GIVEN IN PA	RT 1 (A).	NAL						
20A. DATE OF				OR WHICH OPERATION WA	AS PERFORM	ED			21 AUTORS	Y? (Yes ar No)
5 7				OK WINGING OF EXAMPLE	- I EKI OKII					11 ()
1/2/									Yes	
22A. EXTER	NAL CAUSE			228. PLACE OF INJURY (e.g., home, larm, factory, street, ollice	In or about 2	2C. WHERE DID (	I In Baltimore	City, give exact	lacation)	
UNDERLYING CA				House	Bidd., erc., II	3510 Hayw			7 9	- 50
UNDERLYING UTING CA		oy) (Year	) (Hour	1225 INTHION OCCHORED	() 2	2F. HOW DID INJ	URY OCCUR	?	1 53	-
OF INJURY			, , , , , , ,	WHILE AT TO NOT	WHILE X					
(APPROX.)	3-21-7	2		m. WORK AT W	ORK X	Found in	burning	g house		
23.										
	ify that I h		nquiry L		topsy X	ond that on th	Is basis, de	eath in my o	pinion	
resul	ted from: N	oturol cous	101	Accident XX Suicid	e Ho	micide 🔲 🐧	Indetermine	d monner		
	111	1	1			HIEF MEDICAL E				
ACTUAL	11113	< /A	11.	~			_		DA	ATE SIGNED
SIGNATI	1 11 11 11	YAA	N	M.D	. ASSI	STANT MEDICAL E	CAMINER L	J		
EXAMIN NAME (1		ner U.	Spit	z, M.D.	ASSO	CIATE MEDICAL E	CAMINER [	Marc	h 2k,	1972
24A. BURIAL CRE	MATION, 2	48. DATE		24C. NAME of CEMETERY	or CREMATO	RY 24D. L	OCATION	(City, town,	or county)	(State)
REMOVAL (Speci	14)	7/01/1	072	Chilmanan Watt	1 0			***		
Burial		3/24/1	_	Culpeper Natio				Virgin	18.	
25A. DATE REC'D	BY HEALTH			AME OF REGISTRAR	25C. I	UNERAL DIRECTO	R	ADI	DRESS	ATT TO THE
M	AR 23 1	312 (	allers	Erraber M. D. F	Wm.	E. Johns	on 8521	Loch R	aven B	lvd. 21204
			1, ,	J. S. W.		0 / 0				
VS 151-REV. 1/1/68				3 F . S F . C . S F	all the					· ·

peligible of spirite and the contract of the spirite and the s

the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such a hospital and certificate must be approved by the chief medical examiner or his assistant if death occurred in written approval must be obtained before the remains are embalmed or final disposition is made.

BALTIMORE CITY	HEALTH	DEPARTMENT
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		7202	221
REG.	NO	1	207

BIRTH NO. 72 02884	CERTIFICA	TE OF DEATH REG.	No. 1212004
1. NAME OF DECEASED		2. DATE AND HOUR OF	DEATH
SUSIE B.	TUCKER	3/15	172- 1 100 P.
3. PLACE IN BALTIMORE, MARYLAND, WI	HERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased to	red. If institution: residence before admission)
FULL NAME OF (IF NOT IN HOSPITA	L OR INSTITUTION, GIVE STREET	MD,	14-01
HOSPITAL OR ADDRESS OR LOCAT	TION)	C. CITY OR TOWN	D. INSIDE CITY LIMITS?
242		BALTIMORF	YES NO NO
8MD. GENERAL	(tospITAL	E. STREET AND NUMBER	
		1400 JOHN ST.	
5. SEX   6. RACE   7	· MARRIED NEVER MARRIED	6. DATE OF BIRTH 9. AGE (In ye	
I N	WIDOWED DIVORCED	5/14/90   21	Manths Doys Haurs Min.
10A, USUAL OCCUPATION (Give kind of work) done during most of working life, even if retired)	OR KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stole or loreign country)	12. CITIZEN OF WHAT COUNTRY?
NON F		VA.	().5.
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
0.50 - 11	0=	151,- 4 01 9	30 - 11
God fray 140K	116 COCIAL	Flizabelle F. 17. INFORMANT HOSPITAL RECORD	un K
(Yes, no or unknown) (If yes, give war or dates	of service) SECURITY NO.	IN INFORMANT	Ir George Wagnington
NO	212030941	HOSPITAL MECONE	1015 W Gamilalo St
18.4/2.4	CAUSE OF DEAT		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRE	CTLY	Branchas news	
LEADING TO DEATH	(A) IMMEDIATE CAU	Sionchopneumo	rua
(This does not mean the mode of a	he disease,	A CONSEQUENCE OF:	
injury or camplication which caused d	feath.)	· · · · · · · · · · · · · · · · · · ·	
ANTECEDENT CAUSES	(B) achel	oxclindic cardio	vaccular
DISEASES OR CONDITIONS, If an	ny, giving DUE TO, OR AS	A CONSEQUENCE OF:	usease
rise to the above cause (A) a UNDERLYING CONDITION last	(C)		
88	\-/		
OTHER SIGNIFICANT CONDITIONS CON	TRIBUTING		
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION GIVEN IN PART	TERMINAL	****	
19A-DATE OF OPERATION 19R COND	ITION FOR WHICH OPERATION	20A-AUTOPSYT (Yes or No.) 20B. IF YES,	WERE FINDINGS CONSIDERED NG CAUSES OF DEATH?
E C C C C C C C C C C C C C C C C C C C		YES	YES
OR CONTRIBUTING CAUSE OF	21 B. PLACE OF INJURY (e.g., in home, form, foctory, street, of	or obout 21C. WHERE DID (If in	Boltimore City, give exoct location)
DEATH Inetily medical examined	elc.)		
21D. TIME (Month) (Doyl (Year)	(Houd 21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
OF INJURY	While At Not While		
	TOTAL CONTROLL		
22. I certify that (I) (this hospital)		3/14 19 72 to	3/15- 19.72
that (1) (we) last saw the deceased	alive on 3/1	5 19 72 and that In(my) (o	ur) opinion death occurred on the date
and hour and from the causes state	d abave. (1) (We) (did) (did not) v	lew the body ofter death.	N. A. S. C.
23A. SIGNATURE	4.5		238, DAJE SIGNED
Rubard & Dale		nding Med. Staff A	3/15/22
23C. PHYSICIAN'S NAME (Type)	DEGREE	23 D. ADDRESS	19.77
PACIFICATION AND PRAISE	CER. M.D.	Mal - you Hospel	re-
24A. BURIAL CREMATION, 24B. DATE	DEGREE	Mer. Guerri	
REMOVAL (Specify)	24C, NAME OF CEMETERY OF CRE		(City, town, or county) (State)
Buo191 Mar 2014	12 Arbutus Men		Ma
25A. DATE REC'D BY HEALTH DEPT.	SB, NAME OF REDISTRAR	25C/FUNERAL/DIRECTOR	ADDRESS
MAR 23 19/2 14	solo) c' Luciano	1 34 0/1 Runs	2222 WINUT 17 Aire
VS 150-REV. 1/1/68			

3-1 HEALTH DEPT. 3 1972

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VS 150-REV. 1/1/68

25-72 Arbotus"

258. NAME OF REGISTRAR

VIOLETTE CARBON TO

1	BALTIMORE CITY HEALTH DEPARTMENT / REG. NO. 72 02885	
the	I. NAME OF DECEASED	
, F	(Type or Print) Frazier Vanes A. 301/72 8830	A.M.
attendance o	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)  A. STATE B. COUNTY BALTO 53	COMPANION
r attend prior to	North Charles Gen. Husp. Bailmone YES NO	
0 0	T 1 2224 N. Charles ST. 7215 ORDE Rd.	
regul eased is ma	Megro WIDOWED DIVORCED 8/12/34   Ost birthday) Months Doys Hours	ler 24 Hrs. Min.
dece	10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country)  12. CITIZEN OF WHAY	COUNTRY?
0 0 0	13. FATHER'S NAME	
eath we on the	James Amos FRAZIER Leloa Mathews  15. Was Decessed Ever in U. S. Armed Forces? 16. SOCIAL 17. INFORMANT ADDRESS	
find	SECURITY NO. Hosp Chart	
nounced attenda med or	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  CAUSE OF DEATH  Shock + Candionesphatory and the control of the	
pron ular a mbain	(This does not mean the mode of dying, e.g., heart failure, osthenia, etc. It means the disease, injury ar complication which caused death.)	НО-О-О-Описковара
who reg	DISEASES OR CONDITIONS, if any, giving  DUE TO, OR AS A CONSEQUENCE OF:	
	ise to the obave cause (A) stating the UNDERLYING CONDITION tast. (C)	
physician cian was ir he remains	O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).	
th re t	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?	
No be	OR CONTRIBUTINO CAUSE OF home, form, foctory, street affice bldg. INJURY OCCUR?	
-	21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?  While At Work At Work	
and	22. I certify that (I) (this hospital) attended the deceased from 3 - /7 1972 to 3-2/ 19	72
h);	that (1) (we) lost sow the deceased alive on 3-2/ 19.72 and that in (my) (our) opinion death occurred on	
death) must be	ond hour and from the souses stated above. (I) (We) (did) (did not) view the body ofter death.	
	Attending Med. Director Phys. 238 3/3//72	
# 0 0	Narciso E. Iguacio M. D. North Charles Gey Hosp.	Patto N
was D.O.A. at a h deceased prior to written approval	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county)  Burial 3-15-72 AND TUS MARKET MARKE	(Stotel /
was dece writ	25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. EUNERAL DIRECTOR ADDRESS	7

25C, EUNERAL DIRECTOR

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AINTE M. BILL HILLSON CO. L. I. ST. MINESTEEL II

MPORTANT Amisella FUNERAL DIRECTOR:

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. BALTIMORE CITY HEALTH DEPARTMENT

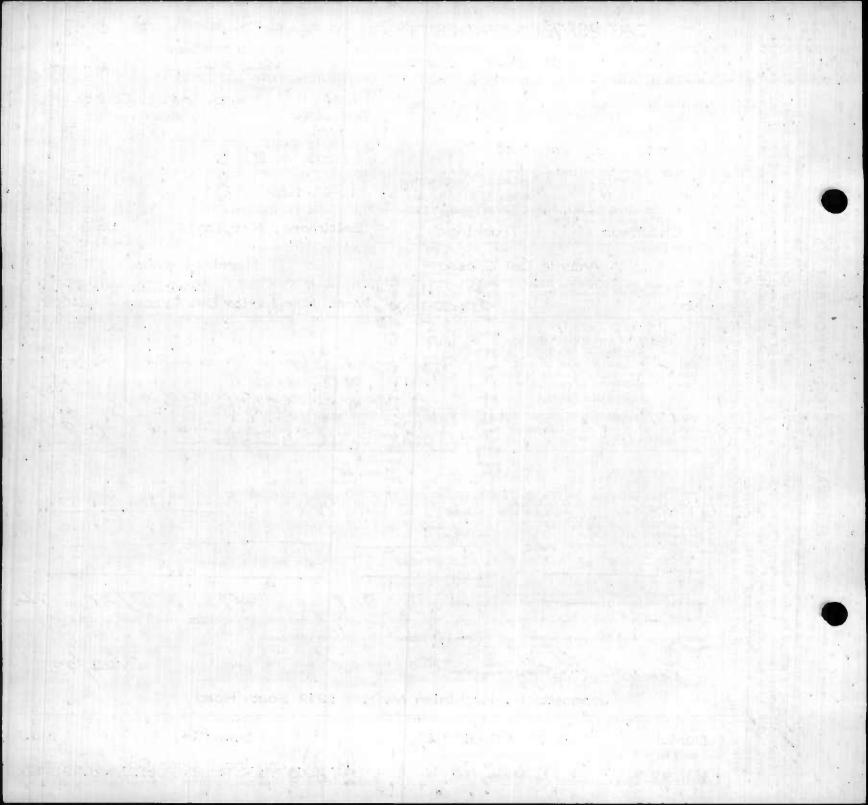
REG. NO.	72	0288	
MEG. 140.	-	The last of the la	

BIRTH NO. 72 0288	6 CERTIFI	CATE OF DEATH REG. NO. 12 12886
1. NAME OF DECEASED (Type or Print)	RUSILLA GROSS	3-20-72 2:25 P
INSTITUTION ADDRESS OR	TRAFTE AVE. MOJEUTITEMI SO LATISEC	4. USUAL RESIDENCE (Where deceased lived. If institution: residence before elimission) A. STATE B. COUNTY MARYLAND C. CITY OR TOWN BALTIMORE E. STREET AND NUMBER 1117 ORLEANS STe
S. SEX 6. RACE FEMALE NEGRO	7- MARRIED NEVER MARRIED WIDOWED DIVORCED	8. DATE OF BIRTH 9. AGE (in years if Under 1 Yr. if Under 24 His. Months; Days Hours; Min.
done during most of working life, even if ref	work 108, KIND OF BUSINESS OR INDL	JSTRY 11. BIRTHPLACE (Stole or foreign country)  12. CITIZEN OF WHAT COUNTRY  WATER OF WHAT COUNTRY
JAMES HENRY		JOSEPHINE GOODMAN
15. Wes Deceased Ever in U. S. Arms (Yes, no or unknown) (If yes, give war o	des of services 16. SOCIAL SECURITY NO.	16 Deschil gross 24128 Chanse St
DISEASES OR CONDITIONS, rise to the above cause UNDERLYING CONDITION last Underlying CONDITION last Conditions to the Death But not related DISEASE OR CONDITION GIVEN IN	(C)	Recliecon Inh OR AS A CONSEQUENCE OF: 12 fa stator caucer, probubling 4 mis NS metustases, recurrent I mis
19A. DATE OF OPERATION 19B.	CONDITION FOR WHICH OPERATION PERFORMED	20A. AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
OR CONTRIBUTING CAUSE OF DEATH (notify medical examined	21B. PLACE OF INJURY ( home, farm, factory, streets.)	e.g., in or about 21 C. WHERE DID (If In Boltimare City, give exact location) et, elfice bldg., INJURY OCCUR?
21D.TIME (Manth) (Day) ('OF INJURY (APPROX.)	While At Not	White Work
that (1) (we) last saw the dec	pital) attended the deceased fram pased alive an asset (ii) (We) (did) (did n	
23C.PHYSICIAN'S NAME (Type)	brogan MD DEGREE	23D. ADDRESS
S. D. 244 EURIAL CREMATION, 248. DAT REMOVAL ISpecify) 3-2	4-72 M LUD	en Cent Balto mel
25A. DATE REC'D BY HEALTH DEPT.  MAR 23 1972 VS 150-REV. 1/1/68	1258. NAME OF REGISTRAR	25CAUNERAL DIRECTOR ADDRESS ADDRESS

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FUNERAL DIRECTOR: IMPORTANT	9 4 4 5 8 9
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	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.
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				HEALTH DEPARTMENT	1 250 110	72 02887		
BIRTH NO.	72 02887		CERTIFICA	TE OF DEATH	REG. NO	16 6001		
I. NAME OF DEC				2. DATE	AND HOUR OF DEAT	H		
(Type or Print)	· Maria	Grace	Breeback	3/8	22/72	16 A. M		
3. PLACE IN BAL	TIMORE, MARYLAND, W			4. USUAL RESIDENCE (W. A. STATE B. CO.	UNTY	institution: residence before admission)		
FULL NAME OF HOSPITAL OR	ADDRESS OR LOCA	AL OR INSTIT	UTION, GIVE STREET	C. CITY OR TOWN		ISIDE CITY LIMITS?		
NOITUTITZNI				Arnold	D. IN	YES NO NO		
20 001	C. C. J	Dood		E. STREET AND NUMBER		TES   NO		
	6 Sulgrave	Road		Route 4	Box 53			
F F	6. RACE	7- MARRIED WIDOWED	☐ NEVER MARRIED ☐ DIVORCED ►	8. DATE OF BIRTH 10-28-1933	9. AGE (In years lost birthdoy) 38	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.		
	UPATION (Give kind of working life, even if retired)	108. KIND OF	BUSINESS OR INDUSTRY	11. 81RTHPLACE (State or fo	oreign country)	12. CITIZEN OF WHAT COUNTRY		
	uffeur	Truc	cking	Baltimore,	Maryland	USA		
3. FATHER'S NA			9	14. MOTHER'S MAIDEN N	AME			
	Antonio	Del G	inneso		Harriet He	eslop		
. W 5				17				
os, no or unknown	Ever in U. S. Armed For	es of sorvice)	SECURITY NO.	17. INFORMANT		SulgravesRd.		
No		6	13-30-8500	Mrs. Margh	erita Del G	rosso 21209		
18.	601		CAUSE OF DEATH	H		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH		
DISEA	SE OR CONDITION DI	RECTLY						
	LEADING TO DEATH		(A)IMMEDIATE CAU	SE CACHER	14	3 WEEKS		
	not meen the mode of osthenio, etc. It meens		DUF TO OR AS	A CONSEQUENCE OF:				
	mplication which coused			4 STATIC (ARCINOTATES 6 MOS A CONSEQUENCE OF CARLAGES 1: 8 MG				
	ANTECEDENT CAUSES		MET	A STATICLA	ACINOM.	4 6 605		
DISFASES	OR CONDITIONS, if	ony giving	DUE TO, OR AS	A CONSEQUENCE OF	CLIVER + KUI	443		
	e obove couse (A)		5	MANUS CON CA	JACINOMA	OF 16-8 MGS		
UNDERLYIN	G CONDITION lost.		(c) 347	ingous Cent	90 DE12	870		
	11		, ,					
	FICANT CONDITIONS CO		No	NO				
	CONDITION GIVEN IN PAR	RT 1 (A).						
19A. DATE OF	F OPERATION 198. CON WAS PER	FORMED	WHICH OPERATION	20A. AUTOPSY? (Yes or	No) 208. IF YES, WERI	E FINDINGS CONSIDERED AUSES OF DEATH?		
U 21 A. ACCIDE	NT WAS UNDERLYING		PLACE OF INJURY (e.g.,	n or obout 21C. WHERE DID	(If in Boltim	ore City, give exoct location)		
	UTING CAUSE OF modical examiner	lo hon	no, form, foclory, street, of	nce bidg., INJURY OCCUR?				
21D. TIME	(Month) (Doy) (Year)		. INJURY OCCURRED	21F, HOW DID I	NILLEY OCCUP?			
OF INJURY_	(Wolling (Boy) (Febr		nile At The Not White		NJORT OCCOR:			
(APPROX.)		Wo						
22. I certify	that (I) (this hospita	1) attended t	he deceased from	3/9	1959 to	3/2/ 1972		
that (I) (we	lost saw the decease	ed alive on	3/21	19 72 and	that in (my) (emr) or	pinion death occurred on the date		
			12 (19) 2 (19) 2 (19)			or the dollar		
	1	ted obove. (	(did) (did other v	iew the body ofter deat	h.			
28A. SIGNATU	JRE ME	100	N		C: #	23B. DATE SIGNED		
Ven	wither &	Hecken	OF GREE Phy	Med. Director	Phys.	2/02/12		
PHYSICIA NAME (1	ANS	0		23D. ADDRESS				
NAME	Jeannett	e R. H	teghinian M.	). 2212 Soi	uth Road			
4A. BURIAL CRE	MATION, 248. DATE	124C.N	AME of CEMETERY OF CRE	MATORY 24D	LOCATION (	City, town, or county) (State)		
REMOVAL	(Specify)				Pikesville,	Md.		
Burial	3-23-		ruid Ridge					
SA. DATE REC'D	BY HEALTH DEPT.		OF REGISTRAR	25C. FUNERAL DIRECT	or nkins & Sor	ADDRESS		
MAR 93	1972 3. 8 E	Ja Be	10 ) (	7 4909	ork Road B	alto.; Md. 21212		
/S 150-REV. 1/1/	68		a-mile.					



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BALTIMORE CI	TY HEALTH DEPARTMENT 70 0000						
BIRTH NO. 72 02888 CERTIFIC	ATE OF DEATH $\nearrow$ REG. No. 72 02888						
(Type or Print)  MILDRED KINGSTON BURNAFORD	2. DATE AND HOUR OF DEATH  Mar. 21, 1972   9:35 A M.						
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceosed lived. If institution: residence before admission) A. STATE B. COUNTY						
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)	Penna. Rax Luzerne 50 C. CITY OR TOWN D. INSIDE CITY LIMITS?						
US Public Health Service Hospital	Dallas YES NO						
3100 Wyman Parkway	Route 3 Box 416 Country Club Road						
F Caucasian WIDOWED DIVORCED	9. AGE (In years If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.						
demodying most of working life, even if retired)  PBX operator	Pa. Wilkes-Barre						
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME						
Thomas Kingston	Anna Gdovin						
15. Was Deceased Ever in U. S. Armed Farces?   16. SOCIAL   (Yes, no or unknown) (If yes, give war or dates of service)   SECURITY NO.	17. INFORMANT ADDRESS						
No 173-30-6100	Records US PHS Hospital, Balto, Md.						
heori foilure, asthenia, etc. Il means the disease, injury at camplicofian which coused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, giving DUE TO, OR rise to the obave cause (A) stating the	Bilateral bronchopneumonia Days AS A CONSEQUENCE OF:  AS A CONSEQUENCE OF:						
O CHERS GAIFICANT CONDITIONS CONTRIBUTING	t lymphoma (verticulum cell) 6 mos.						
TO THE DEATH BUT NOT RELATED TO THE TERMINAL  STATE OF OPERATION TO THE TERMINAL  WAS PERFORMED	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?  YOS  YOS						
U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g.	gr, in ar about 21 C. WHERE DID affice bldg., INJURY OCCUR?						
OF INJURY (APPROX.)  (Month) (Day) (Year) (Hour)  (APPROX.)  (Approx.)  (And Month) (Day) (Year)  (Approx.)  (Approx.)	21F. HOW DID INJURY OCCUR?						
22. I certify that (I)/this hospital) attended the deceased from that (I) (we) last saw the deceased alive on Mar. 21	Mar. 15 19 72 to Mar. 21 19 72.  19 72 ond that in (m/y) (our) opinion death occurred an the date						
ond haur and from the causes stated above. (1) (We) (did) (Aid/not) view the body after death.							
23 A STON AFURE Bellingen My Suggest	Attending Med. Staff Staff 3/21/72						
Robert E. Belliveau, Surg (R)	US PHS Hospital, Balto, Md. 21211						
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY or CREMETERY OF							
Burial 3/24/72 Chapel Lawn ( 25A. DATE REC'D BY HEALTH DEPT.   125B. NAME OF REGISTRAR	Cemetery Dallas, Luzerne Co., Penna.						
MAR 23 1972 Velie E. Jaile M.D.	O STEGART & MOWEN CO.108 W. North Ave (1						

VS 150-REV. 1/1/68

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BALTIMORE	CITY	HEALTH	DEPARTMEN

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REG. NO	72	02889
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BIRTH NO. 72	02889		CERTIFICA	TE OF DE	ATH	REG. I	vo	2 02889	9
1. NAME OF DECEAS					2. DATE AN	D HOUR OF	DEATH		
	Sister Be				21, 19		1:17	. M.	
3. PLACE IN BALTIM	ORE MARYLAND, W	UNCED DEAD	4. USUAL RESIDI	B. COUN	e deceased liv	ed. If insti	lution: residence bel	are odmission)	
FULL NAME OF	IIF NOT IN HOSPIT	AL OR INSTIT	UTION, GIVE STREET	Maryland		tv		2 5	31
HOSPITAL OR	ADDRESS OR LOCA	ATION)	DIION, GIVE SIREE!	C. CITY OR TOWN			D. INSIDI	CITY LIMITS?	) ) (
A 14	Villa Sain	t. Micha	el	Baltimo	re			ES NO	
94	Talad Delli	O MITCHE	01	E. STREET AND	NUMBER				
				4000 Fo	rest H	ill Roa	d	21207	
F. V	White	WIDOWED		8. DATE OF BIRTH	4-3-93	9. AGE (In year lost birthdoy)	8	If Under 1 Yr. If Manths Days Hau	Under 24 Hrs.
OA, USUAL OCCUPA' one during most of worki	TION (Give kind of work	108, KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (S	tote or foreig	gn country)		12. CITIZEN OF WH	AT COUNTRY
Teacher	ing life, even it refired)	Sister	of Charity	Baltimo	re			U.S.A.	
FATHER'S NAME				14. MOTHER'S M	AIDEN NAM	AE			
Bernard 1	Buser			Mary L					
	r in U. S. Armed For	****	117 500111			V40			
es, no or unknown) lif	yes, give wer or dote	s of service)	SECURITY NO.	17. INFORMANT				ADDRESS	
No			215-54-4133-	Il Sist	er And	rea	sa	me address	
18. 174	XI		CAUSE OF DEAT	1					TE INTERVAL
DISEASE O	K CONDITION DIE	ECTLY		0		1		BETWEEN ON	SET AND DEATH
	DING TO DEATH		(A)IMMEDIATE CAU	SE WILL	14107	1/1/1/2	11	10 M	HAT!
heart failure, asth	neon the mode of enio, etc. It means	dying, e.g., the disease.		CONSEQUENCE	F:			- State Ade T	
injury or complice	alion which caused	death.)	7			. 1	/	/	
ANT	ECEDENT CAUSES		( Call	(A) (A) 400	118411	MIL	1511	11 14	PAL
	CONDITIONS, If		DUE TO, OR AS	A CONSEQUENCE	OF:	Yrigin	Halaki C.	The state of	
rise to the o	bove cause (A)	sloling lhe	(a)		//				
			(c)	***************************************	- $U$				
OTHER SIGNIFICAN TO THE DEATH BU DISEASE OR COND	II NT CONDITIONS COL	ATRIRITING.							
TO THE DEATH BU	IT NOT RELATED TO THE	E TERMINAL	*************						
	RATION 198 CON	DITION FOR W	HICH OPERATION	20A. AUTOPSY?	IYes or No	208. IF YES	WERF FIN	DINGS CONSIDERE	D
0	WAS PERF	ORMED	The state of the s			IN CERTIFYIN	G CAUSE	DINGS CONSIDERE	_
21 A. ACCIDENT W	AS UNDERLYING	218,	PLACE OF INJURY (e.g., ir	at about 21 C. WHE	RE DID	(If In F	altimore C	ity, give exoct locati	nn)
DEATH (notify med	ical examined Nor		, form, factory, street, of	ice bidg., INJURY C	CCU R?	hi at e		8 100011	,
21D. TIME (Me	onth) (Doy) (Year)		INJURY OCCURRED	216 1121	/ DID min	18 A C C 11 C C			
OF INJURY NO			e At Work	217. 804	טנאו מוט י	RY OCCUR?			
		Worl							
22. I certify that	(1) (this hospital)	ottended th		nuary 14,	1972 19	9to_M	arch	14.	1972
that (1) (we) last	saw the decease	dalive on	March 14,	19 72	and the	t in (my) (ou	r) apinia	n death occurred	on the data
and haur and fro	m the causes state	ed abave. (1)	(We) (did) (did not) vi	ew the body of	r death.				
23A. SIGNATURE		111		Jour dile			123	B. DATE SIGNED	
WILL	IIIAII I	den.	Atter	ding Med	s	toff D		March 21.	1072
23C. PHYSICIAN'S	um 1	nois	OEGREE FILYS	3D. ADDRESS	tor L.J. P	hys. L.i		nat on Ea,	1716
23C. PHYSICIAN'S NAME (Type)	D 47	10/2					D =		-00
Danitan	P. Alagia,		OEGREE	3326 Fre	derick	Avenue	Bal	timore, 21	228
REMOVAL (Specif			ME of CEMETERY of CRE	MATORY	24D. LO	CATION		lawn, or county)	(Stote)
Burial	3/23/72	2 St	. Joseph's	Cemeterv	En	nmitsbu	irg.	Maryland	
A. DATE REC'D BY		258 NAME O	REGISTRAR	25C, FUNERAL	DIRECTOR			ADDRESS	
MAR	23 1972 04	Best E.	Jaber, M.D.			OWEN CO	108	W. North	
150-REV. 1/1/68									

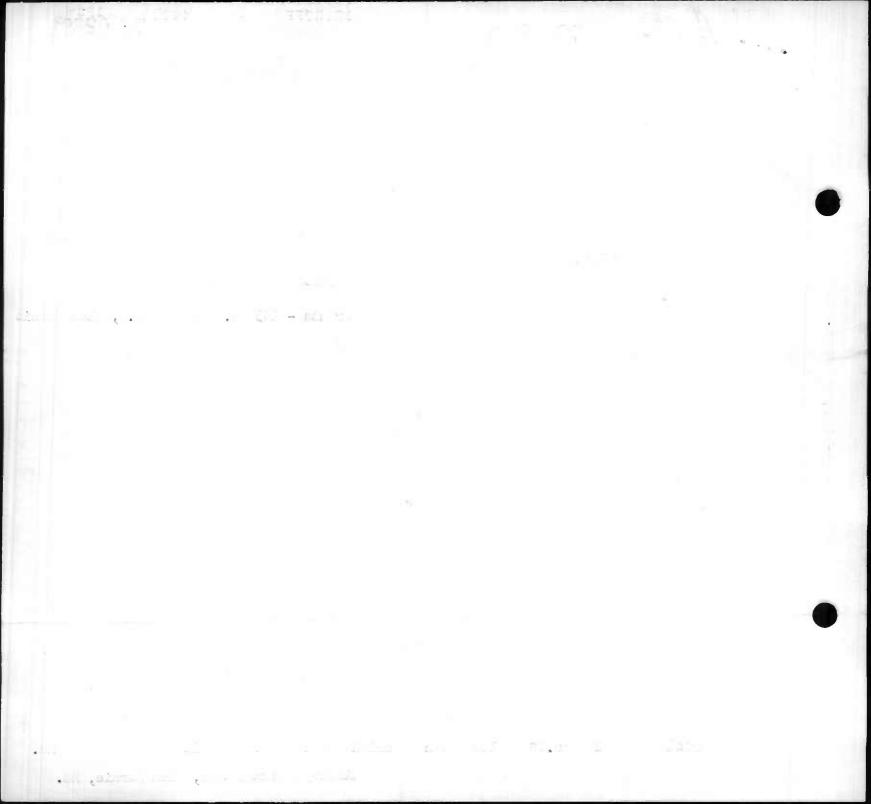
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_	7-450 72 02890	7		HEALTH DEPARTMENT	Anco No	72 02890
BM	RTH NO.	CERTIFICA	TE OF DEATH	REG. NO		
1.1	NAME OF DECEASED		2. DATE AN	D HOUR OF DEATH		
П	FALLON,	GERT	RUDE EVELYN	MARC	H 18. 19	72   10:00 P.M.
3.	PLACE IN BALTIMORE MARYLAND, WHE			4. USUAL RESIDENCE (When	re deceased lived. If	72   10:00 P. M. institution: residence before admission
H	JLL NAME OF (IF NOT IN HOSPITAL OSPITAL OR ADDRESS OR LOCATION	OR INSTITU (N)	TION, GIVE STREET	MARYLAND BAL		21229 SIDE CITY LIMITS?
1	ST AGNES HOS	PITAL		BALTIMORE		YES NO X
	TO CATON & WILK	ENS A	VENUES	E. STREET AND NUMBER		
		ARYLA	ND 21229	1039 BEECHFI	IELD AVEN	JE
1		MARRIED [	NEVER MARRIED DIVORCED	09/23/98	9. AGE (In years lost birthday) 7.2	H Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.
101	LUSUAL OCCUPATION (Give kind of work 108			11. BIRTHPLACE (State at forei	gn country)	12. CITIZEN OF WHAT COUNTRY?
dor	ne during most of working life, even if retired)					
13.	HOUSEWIFE			MARYLAND		U.S.A.
				14 MOTHER'S MAIDEN NAM	ME	
L			<b>ILLER</b>	GERTRUDE	HARRIS	
15. (Ye	Wes Decoused Ever in U. S. Armed Forces! s,na ar unknown) (If yes, give war ar dates of	servicel	6. SOCIAL SECURITY NO.	17. INFORMANT WILKE	NS AVENUE	S 21229
	No			ST AGNES HOSE	PITALIC DE	COPPE CATOM C
	18. 0 4-1)		CAUSE OF DEATH		TIPL 3 NE	APPROXIMATE INTERVAL
	DISEASE OR CONDITION DIRECT	TI V			0	BETWEEN ONSET AND DEATH
	LEADING TO DEATH			. Falumonia	Klaubber	Online.
	This does not mean the mode of dy	ing, e.g.,	DUE TO, OR AS	SE MUMONIA A CONSEQUENCE OF:	. 110 07/1-0	2002
	heart failure, asthenia, etc. It means the	disease,	0	+ 1 1 1	r 0.	
	ANTECEDENT CAUSES	4 11000	He	Wids destre He	Last Disc	ase
			(B)	trieschote He A CONSEQUENCE OF: Dialets, M		***************************************
	DISEASES OR CONDITIONS, if any, rise to the above cause (A) sta	giving	DUE 10, OR AS	A CONSEQUENCE OF:	1.11.1	
	UNDERLYING CONDITION last.	ining the	(c)	Dianeus 11	Culus	1
	11					
NO	OTHER SIGNIFICANT CONDITIONS CONTR	BUTING				
CATIO	TO THE DEATH BUT NOT RELATED TO THE TI DISEASE OR CONDITION GIVEN IN PART 1	ERMINAL	**************			**************************************
FIC	19A. DATE OF OPERATION 198. CONDITI	ON FOR W	HICH OPERATION	20A. AUTOPSY? (Yes or No.		FINDINGS CONSIDERED
CERTIFI	WAS PERFORM	MED		NO	IN CERTIFYING CA	USES OF DEATH?
CE	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	218. P	LACE OF INJURY le.g., in	or about 21 C. WHERE DID	(If In Boltima	re City, give exect location)
CAL	DEATH (notify medical examined)	home,	larm, factory, street, af	ice bidg., INJURY OCCUR?		
EDIC		loud 21 E I	NJURY OCCURRED	215 112111 212 11111		
ME	OF INJURY		At Not While	21F. HOW DID INJU	JRY OCCUR?	
	(APPROX.)	Work	At Work			
	22. I certify that X(X(this hospital) at	tended the	deceased from	ARCH 11 1	9 72 to MA	RCH 18 19 72
	that MX(we) last saw the deceased a					inlan death accurred an the date
	-				- in Auth (any ab	addit accoured on the date
	and have and from the causes stated	anave. W	(u.e.) (a1a) (à/à/ à/à/ à	lew the bady after death.		
	M Yousel	Kild	In . / Attack	nding Med. —	Shell (T)	238, DATE SIGNED
	1	Juan	DEGREE Phys	Director L	Staff Phys.	
	23C.PHYSICIAN'S NAME (Typel		2	3D. ADDRESS BAL	TO MD 212	29
	M. YOUSUF SIDE	1001	. M.D.			ON & WILKENS AVE
24/	A. BURIAL CREMATION, 248. DATE REMOVAL (Specify)		ME of CEMETERY OF CRE			ily, town, or county) (State)
	Burial 3-22-1972	T	on Darle Comet			
_			on Park Cemet		timore, Mar	
23/			REGISTRAR	25C. FUNERAL DIRECTOR	Land /107	ADDRESS
		THE LOCAL	ACB.	Howard H Hub	pard, 410/	Wilkens Ave. 21229
VS	150-REV. 1/1/68		April 10			

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the written approval must be obtained before the remains are embalmed or final disposition is made.

	V = 2 6 /- 20 00001	EALDHDEPARTMENT - PED . 70 COROT . G					
В		E OF DEATH REG. NO.					
	I. NAME OF DECEASED (Type or Print) The Alexander of the	2. DATE AND HOUR OF DEATH					
3	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	USUAL RESIDENCE INhose deceased lived, II institution residence before admission					
11 8	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)	Foxleigh Dev 4 Center 5					
11"		eister town Yes NOT					
-	UN. versity of Maryland Hosp	. STREET AND NUMBER					
	MIDOWED DIVORCED TO	DATE OF BIRTH  9. AGE (In yoors   II Under 1 Yr. II Under 24 Hrs. Months Days Hours Min.					
000	10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. done during most of working life, even if retired)	BIRTHPLACE (Stole or loceign country)  12. CITIZEN OF WHAT COUNTRY:  USA					
13	13. FATHER'S NAME GERALD	MOTHER'S MAIDEN NAME					
15	Mr. Van ansdale	EUNICE KINDRED					
(Y.	15. Was Decoased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service)  16. SOCIAL SECURITY NO.	INFORMANT ADDRESS					
-	18. / CAUSE OF DEATH	Parents - 103B N. CHARTER RD Glen Burni					
	DISEASE OF CONDITION DIRECTLY	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH					
	LEADING TO DEATH	HSPIRATION + Arrest					
	heart loilure, asthenia, etc. It means the disease						
	injury or complication which coused death.)  ANTECEDENT CAUSES	1-2:1					
	(8)	CONSEQUENCE OF:					
1	rise to the above cause (A) stoling the						
$\ _{-}$	11						
CATION	▼ IDISEASE OR CONDITION GIVEN IN PART 1 (A).	Mental Retardalin					
ERTIFIC	19A-DATE OF OPERATION 19B CONDITION FOR WHICH OPERATION WAS PERFORMED	20A- AUTOPSY? (Yes or No.)  20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?					
CAL CE	U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or	about 21 C. WHERE DID (If in Baltimare City, give exact location) bidg. INJURY OCCUR?					
MEDI	21D.TIME (Month) (Doy) (Year) (Hour) 21E INJURY OCCURRED  (APPROX.) While At   Not While	21E HOW DID INJURY OCCUR?					
	Work L At Work L	16					
	22. I certify that (I) (this hospital) attended the deceased fram 3/16 1972 to 3/20 1972 that (I) (we) last saw the deceased alive an 3/20 1972 and that In(my) (aur) apinian death accurred an the dat						
	and haur and fram the causes stated abave. (1) (We) (did) (didsar) view	the bady after death.					
	23A. SIGNATURE	23 B. DATE SIGNED					
	Attending Physicianus	Director Phys. Land					
	MAME TIYPED	ADDRESS 11 - CP					
247	4A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMÉTERY OF CREMA	TORY 24D. LOCATION (City, town, or county) [Stote]					
	Burial 22 Mar. 72 Glen Haven Memori.	(enty, towns of country)					
25/	SA. DATE REC'D BY HEALTH DEPT. 258, NAME OF REGISTRAR	25G-FUNERAL DIRECTOR ADDRESS					
1	MAR 23 1972 Valent & Jailey M.D.	Kirkley Funeral Home, Glen Burnie, Md.					



P + P + P + P + P + P + P + P + P + P +	H-553 72 02892 BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH REG. NO. 72 02892								
dea dea ceas on t	1. NAME OF DECEASED  (Type of Print)  HAMMOND, IRVING CLIFTON  2. DATE AND HOUR OF DEATH  MARCH 19, 1972  3:55P								
cause of use; (5) De tendance	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD  FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR STATE B. COUNTY  MD. BALTIMORE  C.CITY OR TOWN  REISTERTOWN  PLICENCE (Where deceosed lived. If institution: residence before odmission)  A. STATE B. COUNTY  MD. BALTIMORE  C.CITY OR TOWN  REISTERTOWN  YES NO [7]								
בים בים בים בים	WILKENS & CATON AVES.  BALTIMORE, MARYLAND 21229  E. STREET AND NUMBER  118 BRUNK ROAD								
occurre ontribut ermined regular eased p	MALE WHITE WIDOWED DIVORCED 04 09 92  8. DATE OF BIRTH 9. AGE (In years lost birthday) 79  Wonths Days Hours Min.								
+	OA. USUAL OCCUPATION (Give kind of work 10 B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country)  RETIRED  BETHLEHEM STEEL MARYLAND  12. CITIZEN OF WHAT COUNTRY?  U.S.A.								
direct or ; (4) Und h was in the d	3. FATHER'S NAME WILLIAM HAMMOND ANNIE (VANSANT)								
ista he kind deat ce o nal	5. Wos Deceased Ever in U. S. Armed Forces? Yes, no or unknown) (Iff yes, give wor or doles of service) No 20 14 5463 ST AGNES RECORDS WIKKENS & CATON AVES.								
Also, if the of any lounced attendan	CERTIFICATION APPROVED BY  BETWEEN ONSET AND DEATH  BETWEEN ONSET AND DEATH								
niner or fracture o prono gular at	IThis does not proon the mode of crises and head failure of the proof of crises and but to, or as a consequence of the conseque								
exame (3) A in which residues	DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.								
medical wedical y burns; physicia ian was	O THER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).								
chie Body the the the	DISEASE OR CONDITION GIVEN IN PART 1 (A).  19A-DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?  21A-ACCIDENT WAS UNDERLYING 1 121B PLACE OF INJURY (e.g., in at about 21 G. WHERE DID. (If In Bollimore City, the event leavise)								
No on one	OR CONTRIBUTING CAUSE OF home, form, foctory, street, office bldg., INJURY OCCUR?								
oved be hosp y natur ccept w nd (6) otalined	21D. TIME (Month) (Doy) (Yoo) (Hour) 21E INJURY OCCURED OF INJURY (APPROX.) 3-10-72 6 P Work Not While At Work Work I At Work								
appropriate to the solution of any all (ex h); and be obtained to the solution of the solution	22. I certify that XIX(this hospital) attended the deceased from MARCH 10, 19 72 to MARCH 19, 19 72 that XIX(we) last saw the deceased alive an MARCH 19, 19 72 and that in XiX (aur) opinion death accurred on the date								
must be eleased ccident a hospit to deat al must	ond haur and from the causes stated abave. () (We) (did) (d/d/n) () yew the bady after death.  23A. SIGNATURE  Attending Med. Stoff (23R, DATE SIGNED)								
0 - 0 >	BENAVIDES, VICTOR M.D. WILKENS & CATON AVES. BALTO MD 21229								
s: (1)	Burial CREMATION, 248. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, or county) (Stote)  Burial Mar. 22,72 Druid Ridge Cemetery Pikesville, Md.								
This certhe bod shows: was D.d decease	MAR 23 1972 Bee E 3 Bee For Pal Home Reisterstown, Md.								

DOLC: HAD MANUAL a sample of the sample of the sample of The state of the s CELLEY WAY Manufacture of the control of the co

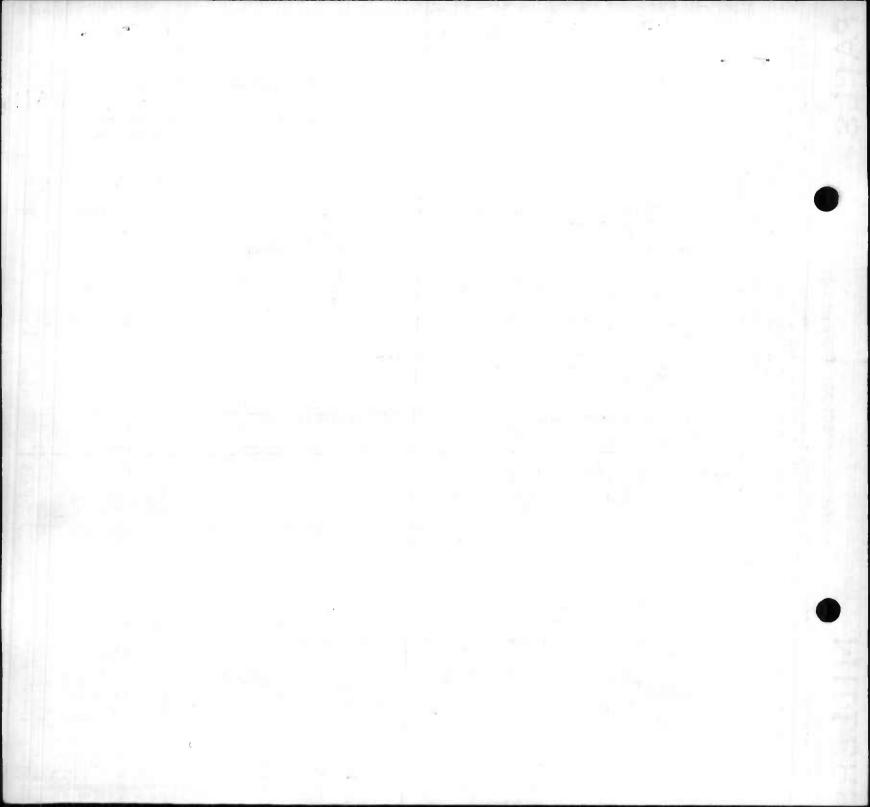
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/	7 . 11			BALTIMORE CITY	HEALTH DEPARTMENT		72 02893
BIRT	-620	72	02893	3 CERTIFICA	TE OF DEATH	REG. NO	12 02000
1. N	AME OF DECEASED	SAMU	EL GROSS	S		arch 18, 197	
3. P	LACE IN BALTIMORE	, MARYLAND, W	HERE PRONOL	INCED DEAD	4. USUAL RESIDENCE (WHA. STATE B. COU	ere deceased lived. If i	nstitution: residence before admiss
FUI	L NAME OF (IF	NOT IN HOSPITA	AL OR INSTITU	JTION, GIVE STREET	Md.		301
IN S	US Public He	ealth Serv	vice Hos	spital	Baltimore	D. INS	YES X NO
0	2 × 310	00 Wyman 1	Parkway		E. STREET AND NUMBER 131 N. Bro	adway	
5. \$		i ucasian	7. MARRIED WIDOWED	NEVER MARRIED SEP DIVORCED	8. DATE OF BIRTH 2/8/97	9. AGE (In years tost birthday)	If Under 1 Yr. If Under 24 Months Days Hours Mi
	USUAL OCCUPATIOn during most of working Messman			BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or for NY	reign country)	12. CITIZEN OF WHAT COUNTY USA
3.	FATHER'S NAME				14. MOTHER'S MAIDEN NA		
		Gross			Anna Fried	iman	
15. \ (Yes	Was Deceased Ever in ,no or unknown) (If yes			1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
		SA 1914-	1919	101-10-003		PHS Hospital	, Balto, Md.
	IB. 15	CONDITION DIE	DECTI V	CAUSE OF DEAT	н		BETWEEN ONSET AND D
		NG TO DEATH	CCILI	(A)IMMEDIATE CAL	Obstructive	jaundice	Days
	(This does not med heart failure, asthen				A CONSEQUENCE OF:		
	injury ar camplication which caused death.)  ANTECEDENT CAUSES  AC				enocarcinoma of	nananaac	Weeks
	DISEASES OR CO		any, giving		A CONSEQUENCE OF:	parier cas	W COTO
	rise to the abou	ve cause (A)					
	UNDERLING CON	II					
NO	OTHER SIGNIFICANT	CONDITIONS CO	NTRIBUTING	My Pu	ocardial infard Imonary edema	t	Days
IFICATI	TO THE DEATH BUT I DISEASE OR CONDITI 19A. DATE OF OPERA	ON GIVEN IN PAR	T 1 (A). DITION FOR V		20 A. AUTOPSY? (Yes or )	No) 20B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH?
CERT	21 A. ACCIDENT WA	S UNDERLYING	21B.	PLACE OF INJURY (e.g.,	in or about 21C. WHERE DID	yes (If In Bottimo	re City, give exoct location)
AL	OR CONTRIBUTING [ DEATH (notify medical	CAUSE OF Cardiner	hom etc.)	e, farm, foctory, street, o	ffice bldg., INJURY OCCUR?		
EDIC		h) (Day) (Year)	(Hour) 21 E.	INJURY OCCURRED	21 F. HOW DID IN	JURY OCCUR?	
Z	(APPROX.)		Whi	ite At Not Whi	le 🔲		
	22. I certify that (	(this haspital	) attended t	he deceased from	Jan. 19	19 72 to Mai	c. 18 19 7
	that (1)/(we) last s	aw the decease	d alive an	Mar. 18	19 72 and	that in (my) (our) ap	inian death accurred on the
13	and have and fram	the causes stat	red abave. /I	) (We) (did) (did hat)	view the body after death		
	23A. SIGNATURE	1 FK		4.0	andina (T) Mad	Shall 1820	23B, DATE SIGNED
	11/92	16. D	dues	DEGREE Phy	ending Med. Director	Staff Phys.	3/20/72
	23C. PHYSICIAN'S NAME (Type) VIJA L.	Bauer,	Sr. Sur	g (R)	US PHS Hospit	al, Balto, N	Md. 21211
244	BURIAL CREMATIO			AME of CEMETERY of CR			City, town, or county) (Sto
	REMOVAL Specify) CREMATION	3-20-7		OUDON PARK CR		BALTO., MD.	
25 A	. DATE REC'D BY HE			OF REGISTRAR	25C. FUNERAL DIRECTO	O R	ADDRESS
	MAR 29 197	2 Roles	E 30.00	A DU DO	HOWARDOH.	UBBARD 4107	WILKENS AVE. 212
VS	150-REV. 1/1/6B			7			

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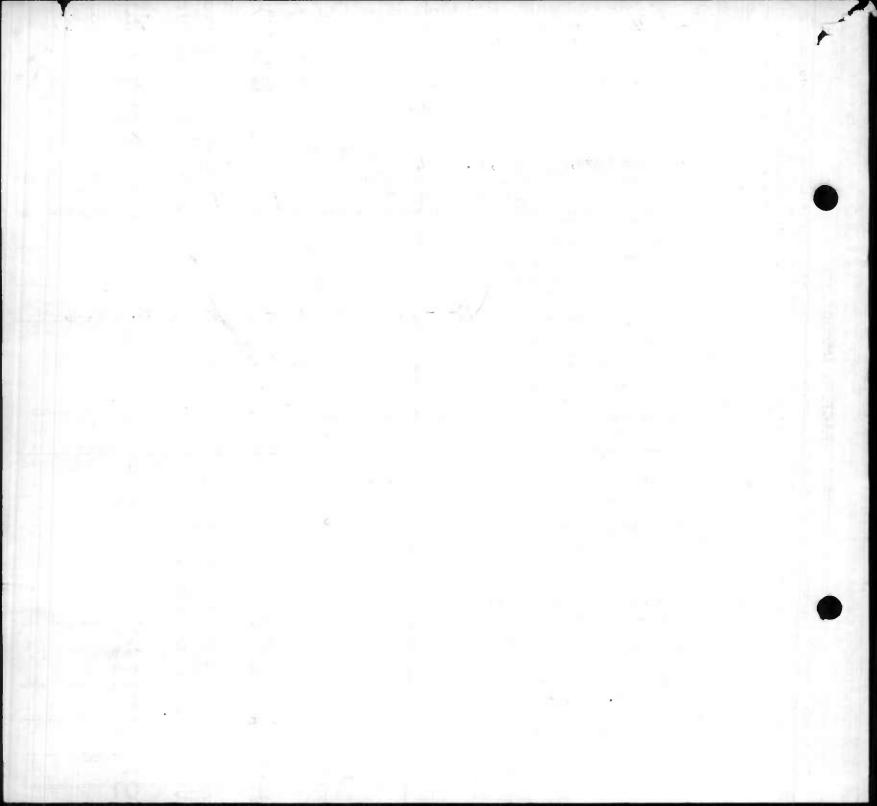
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R	1 466	Y HEALTH DEPARTMENT					
	BIRTH NO. 1202894 CERTIFICA	ATE OF DEATH REG. NO. 72 02894					
	I, NAME OF DECEASED Type or Print) TIHOTHY COTTMAN	2. DATE AND HOUR OF DEATH  RAZITUS  A. M					
II.	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, Il institution: residence before admission)					
-11	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)	53/4 Lyn wew are 2831 C. CITY OR TOWN D. INSIDE CITY LIMITS?					
	SINAI HOSPITAL	E. STREET AND NUMBER  Auyland 21215					
	S. SEX 6. RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years II Under 1 Yr., If Under 24 Hrs., Months! Doys : Haurs : Min,					
	M   WIDOWED   DIVORCED	5/19/58 /3					
ľ	10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY done during most of working life, even if refired)	11. BIRTHPLACE (Stole or foreign country)  Maryland  12. CITIZEN OF WHAT COUNTRY?					
	Farall Alann (faster father	Gertrude					
	5. Was Deceased Ever in U. S. Armed Forces? Tes, no ar unknown) If yes, give war or dates at serviced SECURITY NO.	17. INFORMANT ADDRESS Records, Childrens Aid					
1	18. Z = 0 7 V 1 CAUSE OF DEAT						
l	DISEASE OF CONDITION DIRECTLY	H UOA at Strai Horphorimen ONSET AND DEATH					
ı	LEADING TO DEATH	USE Reguratory arrest					
N	heart failure, asthenia, etc. Il means the disease.	A CONSEQUENCE OF:					
	injury at camplication which caused death.)	. H:					
1	ANTECEDENT CAUSES (B) Ckin	ie Kenel Failure					
	DISEASES OR CONDITIONS, if any, giving ise to the above cause (A) stating the UNDERLYING CONDITION last.	A CONSEQUENCE OF:					
ı							
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	***************************************					
ı	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  1994 DATE OF OPERATION 1995 CONDITION FOR WHICH OPERATION WAS PERFORMED	20A AUTOPST? (Yes of No.) 208. IF TES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?					
	U 21A. ACCIDENT WAS UNDERLYING   218. PLACE OF INJURY (e.g., i orm, fociory, street, or etc.)	in or about 21 C. WHERE DID (II In Baltimare City, give exact location) fice bidg., INJURY OCCUR?					
	21D-TIME (Month) (Doy) (Yeor) (Hour) 21E (NJURT OCCURRED While At Month At Work	21F. HOW DID INJURT OCCUR?					
ı	22. I certify that (I) (this hospital) attended the deceased from 3-21-72 443m19 72 to 19						
	that (I) (we) last saw the deceased alive on	19ond that in(my) (our) opinion death accurred on the date					
	and hour and from the causes stated above. (1) (We) (did) (did nat) v						
	23A. SIGNATURE	23 B, DATE SIGNED					
ñ	DEGREE Phy	ending Med. Stuff No. 3/21/7 2					
	E.B. GOLEZ, M.D.	6203-13 Pimlico Rd., Balto. md.					
1	AA. BURIAL CREMATION, 248. DATE 24C. NAME of CEMETERY OF CRI	EMATORT 24D. LOCATION (City, town, or county) (State)					
	Burial 3/24/72 MT Auburn C	emetry Baltimore, Md					
	IAR 28 1972 Tale & C. Selland of REGISTRAN	2sc funeral prector Address Address Orth AVE					
1	'S 150-REV. 1/1/68						



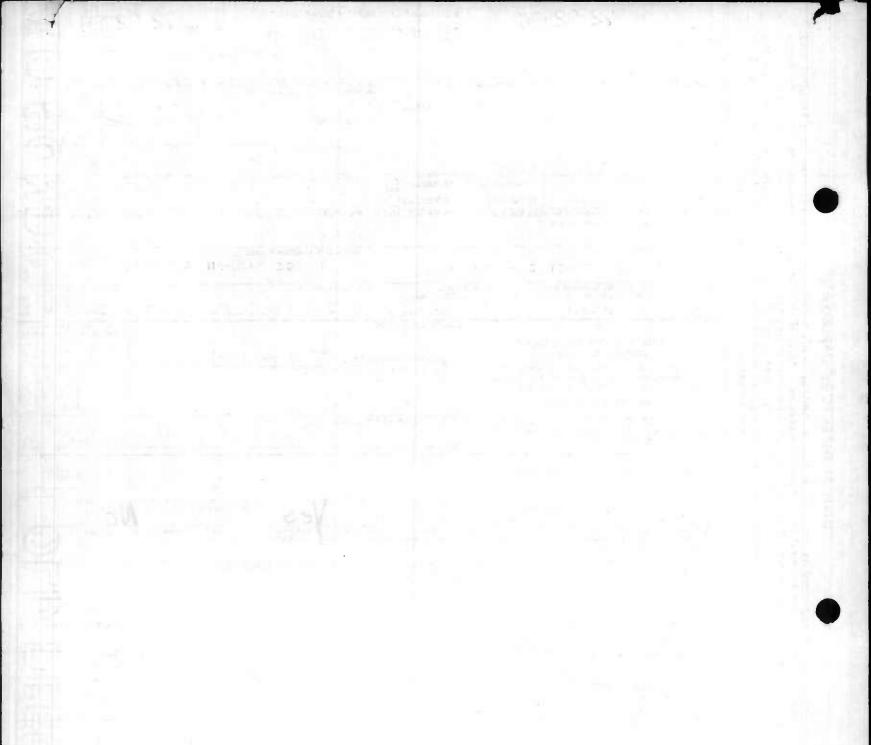
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BALTIMORE CITY HEALTH DEPARTMENT  72 02895  CERTIFICATE OF DEATH  REG. NO.  72 02895  CERTIFICATE OF DEATH  REG. NO.  72 02895  CERTIFICATE OF DEATH  REG. NO.  72 02895  COUNTY  A M. A. STATE  B. COUNTY  A M. STATE  C. C
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD  FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR LOCATION)  BALTIMORE AVE, BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD  C.CUTY OR TOWN  B. STREET AND NUMBER  L. STREET AND NUMBER  L. STREET AND NUMBER  L. STREET AND NUMBER  D. INSIDE CITY LIMITS?  E. STREET AND NUMBER  L. STREET AND NUMBER  D. INSIDE CITY LIMITS?  E. STREET AND NUMBER  L. STREET AND NUMBER  D. INSIDE CITY LIMITS?  WIDOWED DIVORCED S. DATE OF BIRTH  P. AGE (In yeors II Under 1 Yr. II Under 24 Hirs. Months) Doys Hours Min.  WIDOWED DIVORCED S. L. STREET AND REPORT MIN.  10A. USUAL OCCUPATION Give kind of work lide, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole of fareign country)  112 CITYEN OF WHAT COUNTRY.
2. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD  FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR INSTITUTION)  BALTIMORE  C.CUY OR TOWN  C.CUY OR TOWN  D. INSIDE CITY LIMITS?  YES NO  E. STREET AND NUMBER  J.S. AGE (In years II Under 1 Yr. II Under 24 Hise Months)  DIVORCED  DIVORCED  DIVORCED  10A. USUAL RESIDENCE (Where deceased lived, II institution: residence before admission)  A. STATE  B. COUNTY  C.CUY OR TOWN  D. INSIDE CITY LIMITS?  YES NO  E. STREET AND NUMBER  J.S. AGE (In years lit Under 1 Yr. II Under 24 Hise Months)  DOWN DIVORCED  10A. USUAL OCCUPATION (Give kind of work lide, KIND OF BUSINESS OR INDUSTRY)  113. BIRTHPLACE (State or fareign country)  114. CITYEN OF WHAT COUNTRY
FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)  BALTIMORE  C.CLIY OR TOWN  C.CLIY OR TOWN  D. INSIDE CITY LIMITS?  YES NO  E. STREET AND NUMBER  JS Q AGE (In yeors   II Under 14 Hrs.    MAKE  MAKE  METHODORY  WIDOWED DIVORCED 3-15-189  10A. USUAL OCCUPATION IGIVE kind of work 108, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole of foreign country)  112. CITYEN OF WHAT COUNTRY.
BACTIMORE CITY HOSPITALS  E. STREET AND NUMBER  4940 Eastern: Ave, Baltimore, Md. 21224  5. SEX   6. RACE   7. MARRIED   NEVER MARRIED   8. DATE OF BIRTH   9. AGE (In years Months) Days Hours Min.  WIDOWED DIVORCED   3-15-189   11 Under 1 Yr. II Under 24 Hiss. Months Days Hours Min.  10A. USUAL OCCUPATION IGNO AND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State of faceion country)   112 CITYEN OF WHAT COUNTRY.
MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years lost birthday) Months: Days Hours Min.  WIDOWED DIVORCED 3-15-189 In Under 1 Yr. II Under 24 Hrs.  MACE NEW DIVORCED 13-15-189 In Under 1 Yr. II Under 24 Hrs.  MONTHS DOYS Hours Min.
MACE DESTROY WIDOWED DIVORCED 3-15-189   It under 17 Hours Mine Doys Hours Mine Divorced Divorced 100 Hours Mine Divorced Divorce
DA USUAL OCCUPATION Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole of foreign country)
FARM WORKER SOUTH CAROLINA UNITED STATE
3. FATHER'S NAME
Johnson Catheart Ella LAWSON
Ces, no or unknown) If yes, give war or dotes of service)  16. SOCIAL SECURITY NO.
250-32-1963A Records: BCH-4940 Eastern Ave. 21224
DISEASE OR CONDITION DIRECTLY  CAUSE OF DEATH  APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
LEADING TO DEATH  (A) IMMEDIATE CAUSE CARDIOPULMONANY ANNETT
IThis does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,
injuty or complication which caused death.
ANTECEDENT CAUSES (6) DIFFUSE BLERONS DIATHESIS Y DATS
DISEASES OR CONDITIONS, if any, giving rise to the obove couse (A) stating the UNDERLYING CONDITION last.
UNDERLYING CONDITION last, (c)
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, farm, foctory, sheet, office bldg., INJURY OCCUR?  EATH (notify medical exeminer)  21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, farm, foctory, sheet, office bldg., INJURY OCCUR?
21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? While At Work At Work
22. I certify that (1) (this hospital) attended the deceased from 3-7 1972 to 3-20 1973
that (1) (we) last sow the deceased alive on 3-20 19 72 and that In(my) (our) apinion death accurred on the date
and hour and from the causes stated above. (1) (We) (did) (did not) view the body after death.
23A. SIGNATURE  Attending Med. Staff A 3-20-72
235 DATE SIGNED
23C.PHYSICIAN'S NAME (Type) M. Sind and C. Stoff Director Phys. 23D. ADDRESS  23D. ADDRESS
Attending Med. Sinft 3-20-72  23C. PHYSICIAN'S NAME (Type)  W. Sindler LAR  DEGREE  JOHNS HOPKINS HOSPITAL RATIMOLE CITY HOSPITAL RATIMOL



was D.C.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased

S > b 72 02896			BALTIMORE CITY HEALTH DEPARTMENT  CERTIFICATE OF DEATH REG. NO. 72 02896					
BIRTH NO.	V	70	CERTIFICA	TE OF DEATH	REG. NO.	UZ096	•	
1. NAME OF DI	CEASED	4-4-	5	2. DATE AND HOL	UR OF DEATH	11 1.15	-0	
3. PLACE IN BA	ALTIMORE UMARYLAND, WH	ERE PROMOUN	CED DEAD	4. USUAL RESIDENCE (Where dece	osed lived. If institu	tion: residence before	M.	
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)				c. CITY OR TOWN D. INSIDE CITY LIMITS?				
John Hosping Hospital				E. STREET AND NUMBER LOW Ct. Baland.				
5. SEX Male	DICE CAP	WIDOWED	DIVORCED	1/8/14 lost bir	51	Under 1 Yr. If Unonths Doys Hours	der 24 Hrs. Min.	
done during most o	f working life/ even if retired)	E KIND OF BU	USINESS OR INDUSTRY	11. BIRTHPLAGE (Slote or foreign cou	ntry) 12	U.S.A.	COUNTRY	
EDWARD SURRETTE HANNON				GRACE HANNON CHEATUM				
15. Was Decesse	nd Ever in U. S. Armed Forces	of servicel	SECURITY NO.	17. INFORMANT		ADDRESS		
Yes	WWII		16-05-7467	Willie May Surrel	Tte 12107	Brentwood	Are	
	ASE OR CONDITION DIRECT LEADING TO DEATH	CTLY	CAUSE OF DEATH		4	BETWEEN ONSET	INTERVAL	
heort failure	heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  (B)  ANTECEDENT CAUSES  (B)  ANTECEDENT CAUSES							
rise to t	OR CONDITIONS, if any he above cause (A) staged CONDITION last.	y, giving taling the	(c) Carelo	a consequencelof:	lun cells	arcuno	lyy,	
TO THE DEA	II IFICANT CONDITIONS CONT ITH BUT NOT RELATED TO THE CONDITION GIVEN IN PART T	TERMINAL	Vakula	all corainer		lyv		
1 Dec	1911 WASTERFOIL	when I	L'OPERATION	LI VES	IF YES, WERE FIND	INGS CONSIDERED		
OR CONTRI	ENT WAS UNDERLYING DECEMBER OF THE CAUSE OF	home,	ACE OF INJURY (e.g., ir farm, foctory, street, of	or obout 21 C. WHERE DID	(if In Boltimore City	y, give exect facation)	10	
21D.TIME OF INJURY (APPROX)		While Work	At Work	21F. HOW DID INJURT OF	CCUR?	0		
22. I certif	y that (1) (this hospital)	stended the	deceased from	Dec 19 71			972	
	) last sow the deceased and from the couses stated			19_72ond that in(n	ny) (our) opinion	death occurred o	n the dote	
23A. SIGNAT		C C C C C C C C C C C C C C C C C C C	Hextaral/ara nor/ vi	ew the body offer dedin.	238	DATE SIGNED		
aro	loft m Hou	ver In	IV, DEGREE Phys.		3	120/12		
23G. PHYSICI FIAME QANG 24A. BURIAL CR	Joph Michael	Home	E OI CEMETERY OF CRE	John Hopkens MATORY 24p. LOCATIO	Hogai	la l	(State)	
BULLE 1	(Specify) 3-24-72		Auborn Ce			wn, or county)	(State)	
	1972 Parte E	B. HAME-OF		25C. FUNERAL DIRECTOR		North 1	tre	
VS 150-REV. 1/1	/68							



24A. BURIAL CREMATION, REMOVAL (Specify)

Burial

24C. NAME of CEMETERY or CREMATORY

3-24-72

Mt Calvary Cemetery

Anne Arundel Cty.,

25A. DATE REC'D BY HEALTH DEPT.

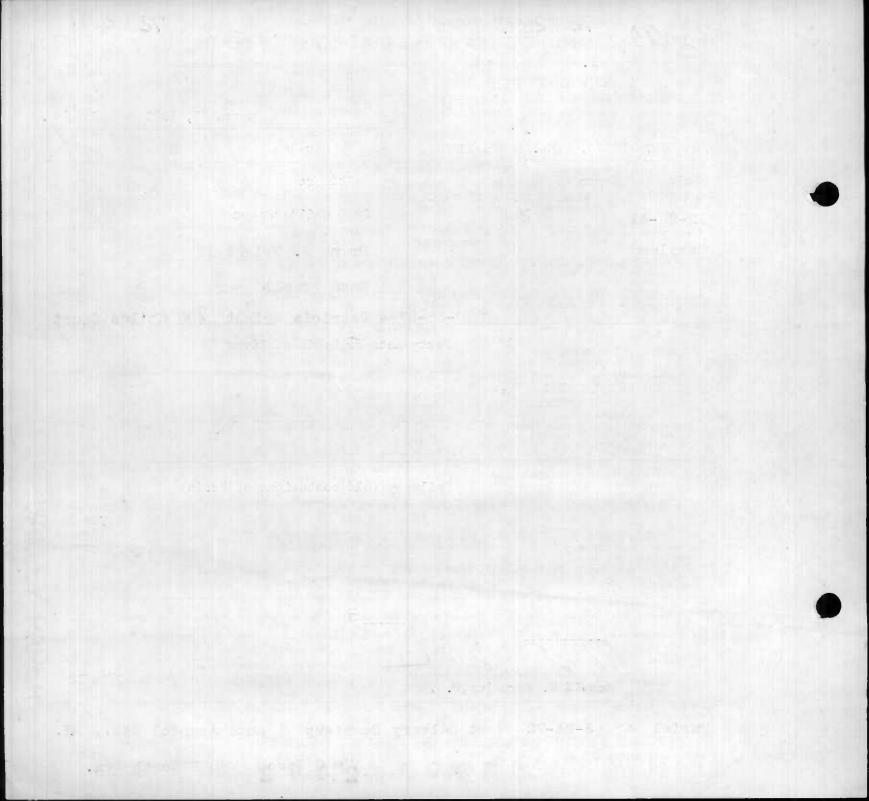
25B. NAME OF REGISTRAR

25C. FUNERAL DIRECTOR

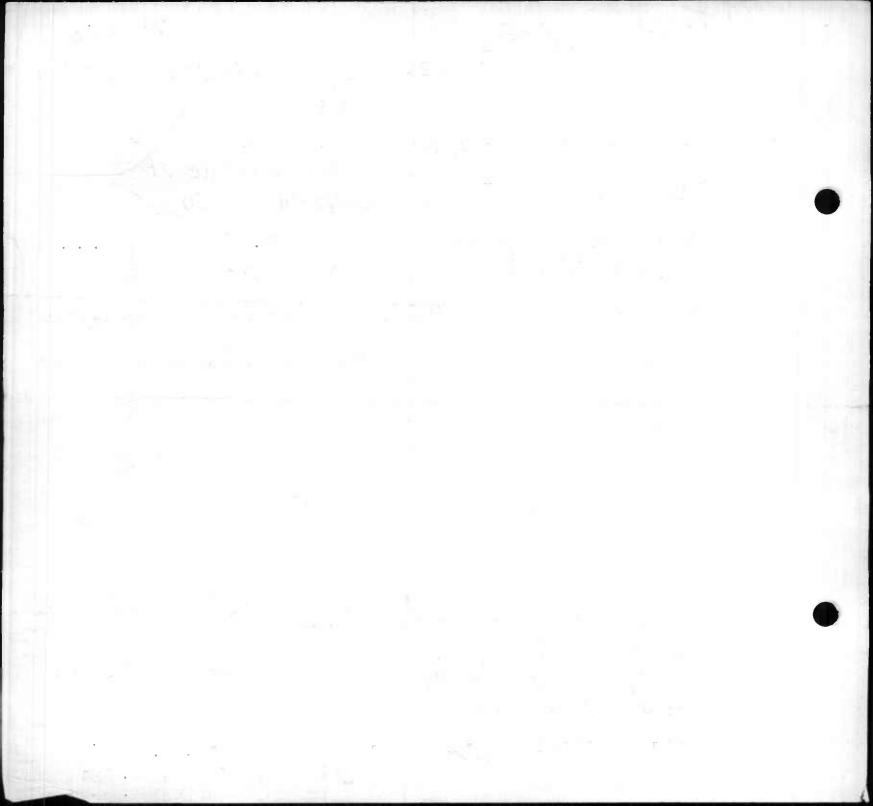
ADDRESS

WM C Narch

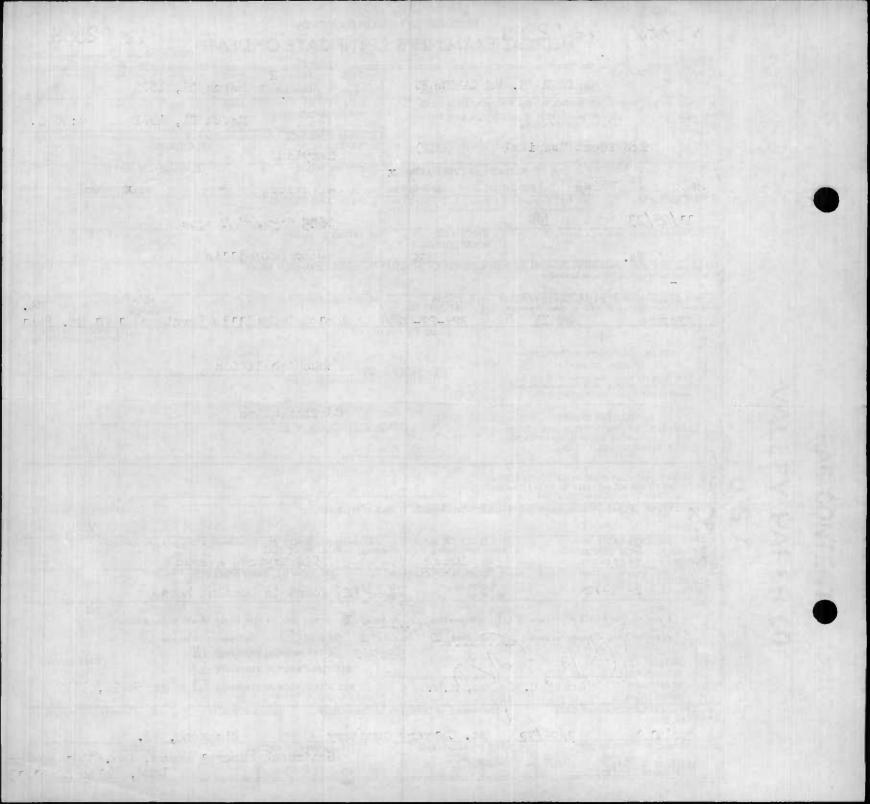
928 E North Ave.



1	T-200 BA	ALTIMORE CITY HEALTH DEPARTMENT					
ch		ERTIFICATE OF DEATH REG. No. 72 02898					
on the		WES 2 DATE AND HOUR OF DEATH  2 /20/79   C150					
with the same of	2 ALACE IN DALTHACOT ALACHE	EAD  4. USUAL RESIDENCE (Where deceased fived, If institution: residence belore admission)  A. STATE  B. COUNTY					
dan	FULL NAME OF HOSTITAL OR INSTITUTION, GI ADDRESS OR LOCATION						
attendance ior to deat	Good Samaritan Hosp	Baltimore YES NOT					
h //	3	E. STREET AND NUMBER  5001 E Biddle St.					
regular eased p is made	S. SEX 6. RACE 7. MARRIED NEVER	R MARRIED 8. DATE OF BIRTH 9. AGE (In years If Under 1 Yr., If Under 24 His.					
	10A. USUAL OCCUPATION (Give kind of wark 10B. KIND OF BUSINESS done during most of working life, even it retired)	DIVORCED 11. BIRTHPLACE (State or loreign country) 12. CITIZEN OF WHAT COUNTRY?					
- Pi	housewife at home	Md. U.S.A.					
the isposi	Edward Rotowsky	14. MOTHER'S MAIDEN NAME					
6 P	15. Was Deceased Ever in U. S. Armed Forces?   16. SOCI						
UE	no 2(8-	12-688 Robert Tawes (husband) same as above					
attendan med or fi	DISEASE OR CONDITION DIRECTLY	USE OF DEATH  APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH					
T att	LEADING TO DEATH  (This does not mean the mode of dying, e.g., (A)	IMMEDIATE CAUSE DISSEMINATED Carcinona 1-4 us					
mbaln	heort failure, asthenia, etc. It means the disease, injury ar camplication which caused deoth.)	DUE TO, OR AS A CONSEQUENCE OF:					
regu re en	ANTECEDENT CAUSES  (B)						
_ 0	LINDER VING CONDITION I	DUE TO, OR AS A CONSEQUENCE OF:					
was	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\						
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).						
유유	19A-DATE OF OPERATION 19B. CONDITION FOR WHICH OP WAS PERFORMED	IN CERTIFYING CAUSES OF DEATH?					
efore	OR CONTRIBUTING TO	INJURY (e.g., in or about 21 C. WHERE DID clory, street, office bidg., INJURY OCCUR? (II In Boltimore City, give exoct facotion)					
and (6) No phy obtained before	DEATH (notily medical examiner)						
nd (6)	21D. TIME (Month) (Doy) (Yeo) (Hour) 21E. INJURY O While AI	Not While At Work					
anobte	22. I certify that (I) (this hospital) attended the deceas						
th);	that (1) (we) last saw the deceased alive an 3-70 1972 and that in(my) (aur) apinian death accurred an the date						
o death); ar I must be ob	and haur and from the causes stated abave. (1) (We) (did) (did nat) view the bady after death.  23A. SIGNATURE  23B. DATE, SIGNED						
0 0	23 C. PHYSICIANS	Attending Med. Staff Phys. Staff S/20/77					
pro	HENRY N. HULTER	23D. ADDRESS					
dp L	ALIVIO VAL TSPECTIVI	DEGREE 24D. LOCATION (City, town, or county) [Stole)					
ter		d Memorial Cemetery Balto. Md.					
e y	MAR 24 1972 Robert A Felbert M. D.	Och munek Funeral Homes, Inc. 3331 Brehms					
	/S 150-REV, 1/1/6B	Lane Ralto Mil 22 20					



D-254 72 02899 BALTIMORE CITY HEZ BIRTH NC. BIRTH NC.	ALTH DEPARTMENT 72 02899
D'AST MEDICAL EXAMINER'S C	CERTIFICATE OF DEATH REG. NO.
I. NAME OF DECEASED	
(Type or Print) ARTHUR B. DE CAMILLIS	2. DATE Known M Month Day Year Hour OF Estimoted March 21, 1972
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL ADDRESS OR LOCATION)	3. DATE Month Day Yeor Hour March 21, 1972 4:45 A
	5. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission) A. STATE  B. COUNTY  Maryland
6. SEX 7. RACE 8. MARRIED NEVER MARRIED DO	C. CITY OR TOWN D. INSIDE CITY LIMITS?
Male White WIDOWED ☐ DIVORCED ☐	Raltimore YES X NO
9. DATE OF BIRTH 10. AGE (In years If Under 1 Yr. II Under 24 Hrs. Months, Doys, Hours, Min.	E. STREET AND NUMBER  3605 Hayward Avenue
11. BIRTHPLACE (State or loreign country)  12. CITIZEN OF WHAT COUNTRY?	13. FATHER'S NAME
14A.USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTRY	John DeCamillis  15. MOTHER'S MAIDEN NAME
done during most of working lile, even 11 relired)	
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)(II yes, give wor or dates of service)  17. SOCIAL SECURITY NO.	18. INFORMANT ADDRESS St.
Ves WW II 229-22-0288	
LE 8 90 XI	BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A)IMMEDIATE C.	AUSE Smoke inhalation
	S A CONSEQUENCE OF:
ANTECEDENT CAUSES (0)	Conflagration
RISE TO THE ABOVE CAUSE (A) STATING THE	S A CONSEQUENCE OF:
UNDERLYING CONDITION LÁST. (c)	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  20A. DATE OF OPERATION   20B. CONDITION FOR WHICH OPERATION WA	
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WA	S PERFORMED 21. AUTOPSY? (Yes or No) Yes
	n or about 22C. WHERE DID (II in Rollimore City also exact location)
UTING CAUSE OF DEATH.  22D. TIME (Monih) (Doy) (Year) (Hour)   22E. INJURY OCCURRED	3510 Hayward Avenue
OF INJURY (APPROX.) 3-21-72 WHILE AT WORK NOT WORK AT WORK	WHILE TO TRANSPORT TO THE PARTY OF THE PARTY
23.  I certify that I held an Inquiry I Inspection Auto	opsy X and that an this basis, death in my apinian
resulted from: Natural causes Accident X Sulcide	
ACTUAL Dep	DUTY CHIEF MEDICAL EXAMINER A
SIGNATURE X M.D. EXAMINER'S Werner U. Spitz, M.D.	ASSOCIATE MEDICAL EXAMINER March 21, 1972
NAME (Type)  24A. BURIAL CREMATION,   24B. DATE	
REMOVAL (Specify)  Burial 3/25/72 Mt. Calvery Co	
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C, FUNERAL DIRECTOR ADDRESS
MAR 24 1972 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	Schimunek Funeral Homes, Inc. 3331 Brehm
VS 151-REV. 1/1/68	



## FUNERAL DIRECTOR: IMPORTANT

was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death. Such deceased prior to death. Such deceased prior to death. Such deceased prior to death. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased

5-552 72 02900	BALTIMORE CITY	DEALIN DEPARTMENT		72 02900
BIRTH NO.	CERTIFICA	TE OF DEATH	REG. NO	12 02000
1. NAME OF DECEASED (Type or Print)  LOUTSE STMMONS		2. DATE	3/18/72	11035 P
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUS FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION ADDRESS OR LOCATION)	TION, GIVE STREET	MARYLAND C. CITY OR TOWN	энтү	Institution: residence before admission 2002
33 BALTIMORE, MD 21205	2	E. STREET AND NUMBER	T STREET	YES 😾 NO 🗌
5. SEX 6. RACE 7. MARRIED WIDOWED WIDOWED	TIMEAEK WOKKIED	01-23-83	9. AGE (in years lost birthday)	Months Days Hours Min.
ICA USUAL OCCUPATION (Give kind of work 108, KIND OF done during most of working life, even if refired)  housewife at h		11. BIRTHPLACE (State or fo	reign country)	U.S.A.
13. FATHER'S NAME		Regina Pfa		
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service)	6 SOCIAL SECURITY NO. 218-42-5430	17. INFORMANT		Address 3725 Lyndale Ave.
LEADING TO DEATH  (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, If any, giving tise to the above cause (A) stating the UNDERLYING CONDITION last.	(B) MOZOSI	A CONSEQUENCE OF:	e Shoek MI	12 p
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 [A]. 19A-DATE OF OPERATION 19B CONDITION FOR W WAS PERFORMED  21A-ACCIDENT WAS UNDERLYING 1	WICH OREA YOU	120A Allycology West Cl	Noll 20R Is vec wee	E EINDINGS CONSIDERED
WAS PERFORMED		NO	IN CERTIFYING C	E FINDINGS CONSIDERED CAUSES OF DEATH?
E ( ) U 21A. ACCIDENT WAS UNDERLYING  218.	LACE OF INJURY fe.g., in	or about 21C. WHERE DID	(if In Boltim	nore City, give exoct focation)
OR CONTRIBUTING CAUSE OF home etc.)	, farm, factory, street, of	ice bidg. INJURY OCCUR	· · · · · · · · · · · · · · · · · · ·	nore City, give exact focation)
OR CONTRIBUTING CAUSE OF home etc.)  DEATH (notify medical examined)	INJURY OCCURRED  At Not While	21F. HOW DID I	· · · · · · · · · · · · · · · · · · ·	nore City, give exact focation)
OR CONTRIBUTING CAUSE OF bome etc.)  21D-TIME (Month) (Day) (Year) (Hour)  21E-Whit Work  22. I certify that (I) (this hospital) attended the that (I) (we) last saw the deceased alive an and hour and fram the causes stated above. (I)	INJURY OCCURRED  At Work  deceased from	21F. HOW DID	NJURY OCCURT	2/8 19 Z
OR CONTRIBUTING CAUSE OF home etc.)  OR CONTRIBUTING CAUSE OF home etc.)  OF CONTRIBUTING (Month) (Day) (Year) (Hour) 21E. OF INJURY (APPROX.)  While (APPROX.)  22. I certify that (I) (this hospital) attended the that (I) (we) last saw the deceased alive an and hour and fram the causes stated above. (I) 23A. SIGNATURE  **Tankson frankling**   INJURY OCCURRED  At Work  a deceased from  Me) (did) (did ) v	21F, HOW DID II	njury occurs  19 22to	pinion death accurred an the d	
OR CONTRIBUTING CAUSE OF DEATH (notify medical examined lets)  21D.TIME (Month) (Day) (Year) (Hour)  21E. Whill (APPROX.)  22. I certify that (I) (this hospital) attended the that (I) (we) last saw the deceased clive an and hour and from the causes stated above. (I)  23A. SIGNATURE  CAMES JEAN LIN SIGNATURE  127C. PHYSICIAN'S NAME (Type)  JAMES FRANKLIN GRIM	INJURY OCCURRED  At Work  a deceased from  Me) (did) (did ) vi	21F. HOW DID II  19 72 and  1ew the bady after deaf	NJURY OCCUR?  19 ZZto that In(my) (our) of the staff of t	pinion death accurred an the d
OR CONTESUTING CAUSE OF DEATH (notify medical examines)  21D. Time (Month) (Day) (Year) (Hear) OF HUJURY (APPROX.)  22. I certify that (I) (this hospital) attended the that (I) (we) last saw the deceased alive an and hour and from the causes stated above. (I) 23 BIGNATURE  AMES FRANKLIN GRIM  24A. SURIAL CREMATION, 24B. DATE REMOVAL (Specify)  24C. NA	Me) (did) (did) Affective Physics of Cemeter	21F. HOW DID II  21F. HOW DID II  19	NJURY OCCUR?  19 ZZto that in(my) (our) of the Staff X Phys.  Ma Elde Imore, 1 LOCATION	pinion death accurred an the d

SECTION OF DESIGNATION OF

The state of the s

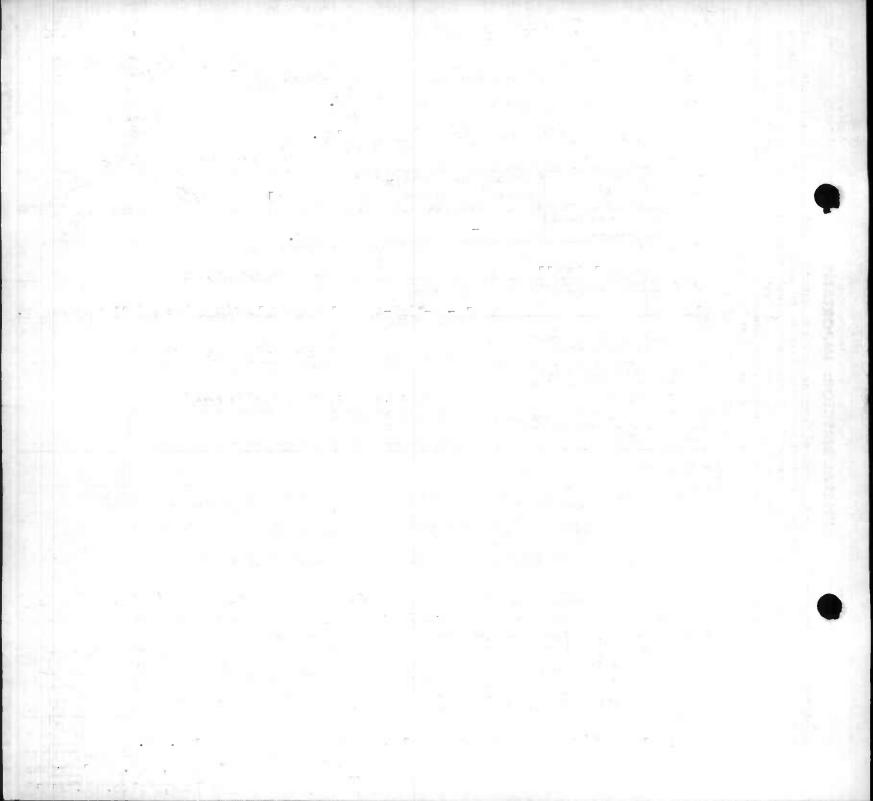
M - > MO 01	BALTIMORE CIT	Y HEALTH DEPARTMENT		70 0000
M-300 72 02	2901 CERTIFICA	ATE OF DEATH	REG. NO	72 02901
NAME OF DECEASED		2. DATE AND	HOUR OF DEATH	I
Type or Print) WALTE	R M. MEADE	Marc	h 10 10	772   2 5
3. PLACE IN BALTIMORE MARYLAND, WH	ERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where of	deceosed lived. Il i	972 2 p.
FULL NAME OF (IF NOT IN HOSPITAL HOSPITAL OR ADDRESS OF LOCAT	OR INSTITUTION, GIVE STREET	A. STATE B. COUNTY Md., 21213		2643
NSTITUTION	ore Gen. Hosp.	Baltimore	D. INS	YES X NO
7 5 South Barting	re den. nosp.	4004 Erdman	Avenue	
SEX 6. RACE 7	MARRIED X NEVER MARRIED	8. DATE OF BIRTH 9.	AGE (In years t birthday)	If Under 1 Yr. If Under 24 Hr. Months Doys Hours Min.
	WID OWED DIVORCED	Sept.24,1902	69	12. CITIZEN OF WHAT COUNTR
one during most of working life, even il retired)		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		The state of the s
Pipe Fitter E	Clliott Corp.	Baltimore, M	d.	U.S.A.
William Mea	de	Catherine	Jordan	
S. Was Deceased Ever in U. S. Armed Force (es, no or unknown) (If yes, give wor or dates	of service) SECURITY NO.	17. INFORMANT (nee N		ADDRESS
no	215-09-7284	Frances C. Me	ade, wif	fe, above
DISEASE OR CONDITION DIRE	CAUSE OF DEAT	= Acolo Mey	colundo	APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT
injury or complication which coused d  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, it and tise to the obave cause (A) s UNDERLYING CONDITION lost.	y, giving (B)	or consequence of:	ley d	3 Yrs
OTHER SIGNIFICANT CONDITIONS CONT TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION GIVEN IN PART	TERMINAL (A).	120 A ALIZOREYS (V a. Noll C	OOD IF WEE MERE	
19A. DATE OF OPERATION 19B. CONDI		20 A. AUTOPSY? (Yes or No)	N CERTIFYING CA	AUSES OF DEATH?
21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF CONTRIBUTING CAUSE OF CONTRIBUTING CAUSE OF CONTRIBUTION CONTRIBUTION CAUSE OF C	21B. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)	in or obout 21C. WHERE DID ffice bldg., INJURY OCCUR?	(II in Boltimo	re City, give exact location)
21 D. TIME (Month) (Doy) (Yeor) OF INJURY (A PPROX.)	(Hour) 21E. INJURY OCCURRED  While At  Not Whi Work  At Work		OCCUR?	
22. I certify that (1) (this hospital) that (1) (we) lost sow the deceosed	olive on 3/19/72	19 and that		119/72 19 Inion death occurred an the da
ond hour ond from the couses stoted  23A, SIGNATURE  S- Much		ending Med. Sto	off	23B, DATE SIGNED
23C. PHYSICIAN'S NAME (Type) Dr. Silvi	no Muneses	5010 Ritchie	Highway	7
4A. BURIAL CREMATION, 24B. DATE	24C. NAME of CEMETERY OF CR		ATION (C	City, town, or county) (Stote)
REMOVAL (Specify)				
Burial 3/22/7			altimore	
MAR 24 1972	B. NAME OF REGISTRAR	Schimunek Fu 2 3331 Breh	neral Ho	ome, Inc.
'S 150-REV. 1/1/68				

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## FUNERAL DIRECTOR: IMPORTANT

was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased

,	1 100	/			HEALTH DEPARTMENT		
BI	F-424		02902	CERTIFICA	TE OF DEATH		72 02902
di	NAME OF DECI	FLE)	1545	11- NEL	1. LIE 2. DATE	AND HOUR OF DEATH	20 12 9:50 P.
3.	PLACE IN BALT	IMORE MARYLAND, W	HERE PRONO		4. USUAL RESIDENCE (V	where deceased lived. If i	institution: residence before admission
FI	JLL NAME OF	(IF NOT IN HOSPIT	AL OR INSTIT	UTION, GIVE STREET	Md.	4	2734
II.	ISTITUTION	11/1-11/5	NiN	160,Th	Balto.	D. IN	SIDE CITY LIMITS?
	- 9 UNION MEMORIAL MOSTITUE				E. STREET AND NUMBER		
5	SEX	6. RACE	17			AIR Rd.	2/206
	F	W	WIDOWED		9-20-188		Manths Days Hours Min.
10 do	A. USUAL OCCU	PATION (Give kind of war) rorking life, even if retired)	108, KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stole of	oreign country)	12. CITIZEN OF WHAT COUNTRY?
	sea	mstress		t=0	Md.		
13	FATHER'S NAM	NE .			14. MOTHER'S MAIDEN I	AME	
		John Fleishe	11		Sugann	W Hutton	
15	Was Deceased es, no or unknown)	Ever in U. S. Armed For ilf yes, give war ar date	cos? as of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
	no			215-05-1353-	Helen Krie	glstein (nied	ce) 3811 Shannon Dr.
	18.560	91		CAUSE OF DEAT			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
		E OR CONDITION DI LEADING TO DEATH	RECTLY		11748711	1SL 035780	ricon
	(This does no	of mean the mode of	dying, e.g.,	(A) IMMEDIATE CAU	SE //O/CO//A CONSEQUENCE OF:	92 03218C	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
	injury of com	osthenia, etc. It means plicotion which caused	deoth.)				
1	A	ANTECEDENT CAUSES (B) SEVENE SEHIDRATATION					
		R CONDITIONS, if		DUE TO, OR AS	A CONSEQUENCE OF:	5+0+0+0+0+0+0+0+0+0+0+0+0+0+0+0+0+0+0+0	
		CONDITION last	stating the	(C)	-		
-		- 11					
ATION	TO THE DEATH	CANT CONDITIONS CO I BUT NOT RELATED TO TO	HE TERMINAL				
11 9	19A. DATE OF	OPERATION 19B CON	DITION FOR V	WHICH OPERATION	20A. AUTOPST? (Yos of		FINDINGS CONSIDERED
ERTIF	0	WAS PERI			NO	IN CERTIFYING CA	AUSES OF DEATH?
CALC	OR CONTRIBUT	T WAS UNDERLYING TING CAUSE OF modicol exomined	21 B. hom otc.	PLACE OF INJURY (e.g., in e.g., form, foctory, street, of	or obout 21C. WHERE DID	(If In Boltimo	ore City, give exact location)
I G	21D. TIME OF INJURY	(Month) (Doy) (Year)	(Haun 21 E	INJURY OCCURRED	21F. HOW DID I	NJURY OCCUR?	
8	(APPROX.)		Whi	ile At Not While	· 🗆		
							Houh 20 1972
	that (1) (we)	lost saw the decease	d altre on	Houch 30	19.72ond	that In (my) (our) ap	inton death occurred on the date
and hour and from the couses stated above. (1) (We) (did) (did not) view the bady after death.							
23A. SIGNATURE 23B. DATE SIGNED							
		10 mar de		DEGREE Phys		Staff Phys.	MARCH 20-72
	PHYSICIAN NAME (Ty	PE HIGUEL F.	SCHEE	L H.D.	UNION ME	MORINE HOS	9
24	A. BURIAL CREA	AATION, 248. DATE	24C. N/	DEGREE			ily, town, or countyl (State)
	Buria		2 Ne	ew Cathedral Co	emetery	Balto	. Md.
25		19/2 John Sept.	258. NAME, C	F REGISTRAR	25C. FUNERAL DIRECT	OR	s, Inc. 3331 Brehms
VS	150-REV. 1/1/6	8					e, Balto. Md. 21213



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DESCRIPTION OF STREET

Andrew City

- 1911

1	A Jee	Y HEALTH DEPARTMENT
	H-400 TO DOOM CERTIFICA	ATE OF DEATH REG. NO. 72 12904
and sath ased the Such	BIRTH NO. 72 02904 CERTIFICA	2. DATE AND HOUR OF DEATH
	AT BY AN	JLL March 22, 1972   5- 4 M.
f d ece on h.	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
Spi O () D D		A. STATE B. COUNTY
use (5) and	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	Maryland DA D. INSIDE CITY LIMITS?
cat cat use; tend	INSTITUTION	Baltimore YES NO ▼
in and cau	9 3911 2nd St,	E. STREET AND NUMBER
e p de	Brooklyn, Md.	7910 Bon Air Road, 21234
rribu nine gula ed mad	S. SEX 6. RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Hrs. Months; Doys Hours; Min.
ntri nrri rmi egu ase	female caucasian widowed divorced	July 6.1894 77
400	10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY?
de tio	Housewife	Maryland U.S.A.
d C C	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
rect (4) U (4) U the ispos	FrancisRachuba	Victoria Gelner
10 th 0 1	15. Was Deceased Ever in U. S. Armed Forces?   16. SOCIAL	17. INFORMANT ADDRESS
ist he kin de ce ce	(Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO. 212-03-2060	Mrs. Loretta Jones Same as above
if the interpretation in the interpretation	18. / / 9 OI CAUSE OF DEA'	TH APPROXIMATE INTERVAL
f and nce	DISEASE OR CONDITION DIRECTLY	BETWEEN ONSET AND DEATH
Als e o nou afte	LEADING TO DEATH	AUSERITORICE OF:
50 - 5	hearl foilure, asthenia, etc. It means the disease,	S A CONSEQUENCE OF:
ner act pr pr ula mb	injury or complication which coused death.)	
A fr	ANTECEDENT CAUSES	ucust delirous
X X X	DISEASES OR CONDITIONS, if ony, giving DUE TO, OR A	S A CONSEQUENCE OF:
al an an ar	UNDERLYING CONDITION losi. (C)	
dic ica ica vas vas	z	
med bur bur phy an v	O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL OLD SEASE OR CONDITION GIVEN IN PART 1 (A).	
dy dy icia		20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
chi Boo Boo the the the	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	IN CERTIFYING CAUSES OF DEATH?
phe 2 by	U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g.,	in or obout 21 C. WHERE DID (If in Baltimore City, give exect location) office bldg., INJURY OCCUR?
tal he be	DEATH (notify medical examiner)	
d by	21D. TIME (Month) (Day) (Year) (Hour) 21E, INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
9 2 8 6	White At Not Wh	ite 🔲
he he had xce	22. I certify that (I) (this haspital) attended the deceased fram	7-6-15 1972 10 3/2/ 1972
apprint to the fan if an il (e)		and that in(my) (aur) apinion death accurred on the date
0077	and haur and fram the causes stated abave. (1) (War) (did) (did not)	
ust be ased dent ospit deat	23A. SIGNATURE	23B. DATE SIGNED
3 0	1 1 (A) . 321 A	tending Med. Director Phys. 3/24/32
a harry	23C. PHYSICIAN'S	23D. ADDRESS
An at prior	NAME (Typo) Dr. Samuel Rubin	201 Patapsco Ave, Brooklyn, Md.
E > < 4 - 0	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF C	
body ws: (1) body ws: (1) bo. eased	REMOVAL (Specify)	
" = 2 " 0 ±	Burial 3/25/72 St. Stanis.  25A. DATE REC'D BY HEALTH DEPT.   25B. NAME OF REGISTRAR	laus Baltimore, MD.
This the showas was deco	AD 04 1079 Q C 49 3 8 3 2 2 0 0 0	Lechard J. Ruck, IncBalto, Md.

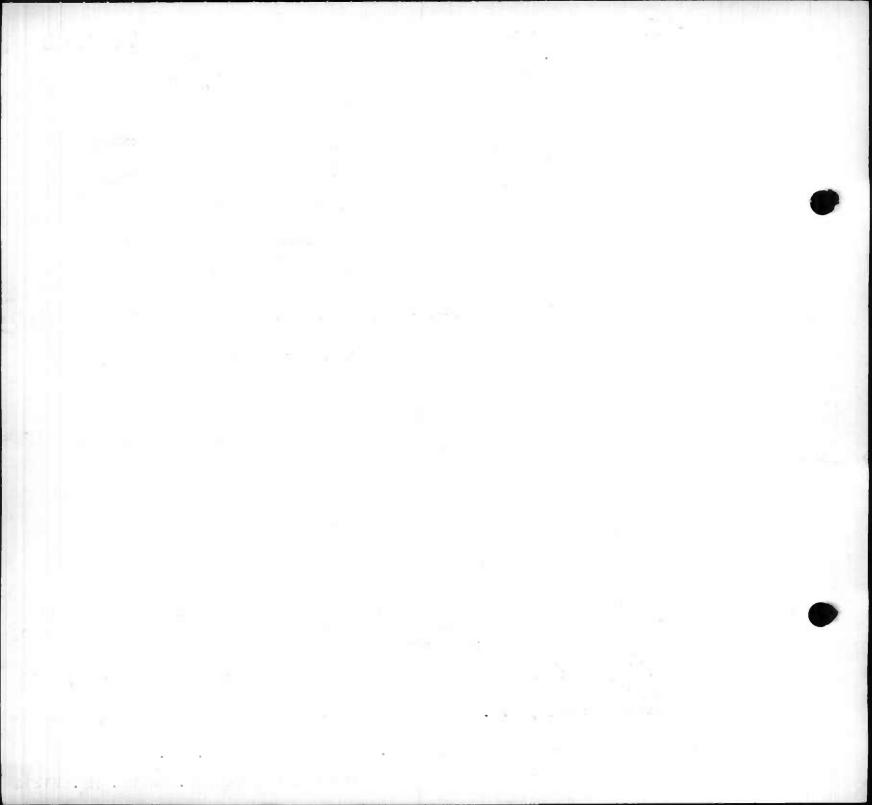
BURIAL CREMATION, 249. DATE REMOVAL (Specify)

Burial 3/25/72 St. Stanislaus

DATE REC'D BY HEALTH DEPT. 25B, NAME OF REGISTRAR 25C Baltimore, MD. ADDRESS 25C. FUNERAL DIRECTOR Lechard J). Ruck, Inc .- Balto, Md.

notified state to TV This design is a second . Il an vicence of a page of the control of the con Manager Programme Communicate if the late, and traud the example to the

BRTH NO.  LINAME OF DECEASED (trype or Pénd)  HILDA WOERNER  3. PLACE IN BALTIMORE, MARTLAND, WHERE PRONOUNCED DEAD HOSPITAL OR INSTITUTION, GIVE STREET MODRESS OR LOCATION)  The Good Samaritan Hospital  5. SEX  FEMALE  CAUCASIA WIDOWED  DIVORCED  10. ANTE OF BUSINESS OR INDUSTRY  10. AUSUAL RESIDENCE Where deceosed lived. Il institution: residence below odmission)  A STATE MARYLAND  C.CITY OR TOWN  D. INSIDE CITY LIMITS?  YES NO  10. ANTE (in yeors of lived, il institution; residence below odmission)  A STATE MARYLAND  C.CITY OR TOWN  D. INSIDE CITY LIMITS?  YES NO  10. ANTE (in yeors of lived, il institution; residence below odmission)  A STATE MARYLAND  C.CITY OR TOWN  D. INSIDE CITY LIMITS?  YES NO  10. ANTE (in yeors of lived, il institution; residence below odmission)  A STATE MARYLAND  C.CITY OR TOWN  D. INSIDE CITY LIMITS?  YES NO  10. ANTE (in yeors of lived, il institution; residence below odmission)  A STATE MARYLAND  C.CITY OR TOWN  D. INSIDE CITY LIMITS?  YES NO  10. ANTE (in yeors of lived, il institution; residence below odmission)  A STATE MARYLAND  C.CITY OR TOWN  D. INSIDE CITY LIMITS?  YES NO  10. ANTE (in yeors of lived, il institution; residence below odmission)  A STATE MARYLAND  C.CITY OR TOWN  D. INSIDE CITY LIMITS?  YES NO  10. ANTE (in yeors of lived, il institution; residence below odmission)  A STATE MARYLAND  C.CITY OR TOWN  D. INSIDE CITY LIMITS?  YES NO  10. ANTE (in yeors of lived, il institution; residence below odmission)  A STATE MARYLAND  C.CITY OR TOWN  D. INSIDE CITY LIMITS?  YES NO  10. ANTE (in yeors of lived, il institution; residence below odmission)  A PLOE IN INSTITUTION, STATE A STATE MARYLAND  D. INSIDE CITY LIMITS?  YES NO  10. INSIDE CITY LIMITS?  A USAR  A
I.NAME OF DECEASED (Type or Pánin)
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD  FULL NAME OF HOSPITAL OR INSTITUTION ADDRESS OR LOCATION)  FULL NAME OF HOSPITAL OR INSTITUTION ADDRESS OR LOCATION)  The Good Samaritan Hospital  The Good Samaritan Hospital  S. SEX  6. RACE  FEMALE  CAUCASIA NWIDOWED  DIVORCED  3. DATE OF BIRTH  P. AGE (in yeors list inhiboy)  103. PLACE (in yeors list inhiboy)  Hounder 14 His. Post of Birth  P. AGE (in yeors list inhiboy)  Hounder 14 His. Post of Birth  P. AGE (in yeors list inhiboy)  Hounder 14 His. Post of Birth  P. AGE (in yeors list inhiboy)  House Min. Months: Days House Min. Months: Days House Min.  104. MOTHER'S MADE  FREDERICK WOERNER  15. Wes Decessed Ever in U. S. Armed Forces? (Yes,no or unknown) (it yes, give wor of doles of service)  16. SOCIAL SECURIT NO.  214-22-4302  Mr Milton Woerner 8143 Pleasant Plain  CAUSE OF DEATH  (This does not mean the mode of dying, e.g., head folially or complication which coused death.]  ANTECEDENT CAUSES  (2)  A. STATE B. COUNTY MARYLL 2 1 2 7.2  L. STATE B. COUNTY MARYLL 2 1 10. STATE B. STATE B
FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET  ADDRESS OR LOCATION)  The Good Samaritan Hospital  The Good Samaritan Hospital  S. SEX  S. SEX  S. RACE  FEMALE  CAUCASIA  WINDOWED  DIVORCED  DIVORCED  3. DATE OF BIRTH  10A. USUAL OCCUPATION (Give kind of work) 10B, KIND OF BUSINESS OR INDUSTRY)  NONE  13. FATHER'S NAME  FREDERICK WOERNER  15. Was Decessed Ever in U. S. Armed Forces? (Yes, no of unknown) (III yes, give wor or doles of service)  NO  18. 7 3 3 7 1  DISEASE OR CONDITION DIRECTLY  LEADING TO DEATH  (A) MARRIED  NARYLAND  D. INSIDE CITY UMITS?  PASE (In yeors  No DI C. CITY OR TOWN  BALL TIMORE  S. DATE OF BIRTH  P. AGE (In yeors  H. Under 24. Hrs.  Months; Doys  House Min.  19. AGE (In yeors  H. Under 1 Yr.  Months; Doys  House Min.  10. ESTREET AND NUMBER  3. DATE OF BIRTH  P. AGE (In yeors  H. Under 1 Yr.  Months; Doys  House Min.  10. ESTREET  MARYLAND  C.CITY OR TOWN  BALL TIMORE  10. INSIDE CITY UMITS?  NO DISIDE  CITY
ADDRESS OR LOCATION)  The Good Samaritan Hospital  C.CITY OR TOWN  BALTIMORE  STREET AND NUMBER  3209 WOODRING AVENUE  S. SEX  FEMALE  CAUCASIA WIDOWED  DIVORCED  TO A. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY)  And USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY)  NONE  13. FATHER'S NAME  FREDERICK WOERNER  15. Wes Decessed Ever in U. S. Armed Forces?  (Yes, no of unknown) (II yes, give wor or doles of service)  NO  16. SOCIAL  SECURITY NO.  214-22-4302 Mr Milton Woerner 8143 Pleasant Plain  CAUSE OF DEATH  This does not meen the mode of dying, e.g., hear! follow, eic, II means the disease, injury or complication which coused death.)  ANTECEDENI CAUSES  C.CITY OR TOWN  BALTIMORE  YES  NO  1. INSIDE CITY LIMITS?  YES  NO  AVENUE  AVENUE  ANTELOMORY 17. II Under 24 Hrs.  Olor BIRTH  9. AGE (In yeors   If Under 1 Yr. II Under 14 Hrs.  Wonths; Doys Hours Min.  Months; Doys Hours Min.  Months; Doys Hours Min.  Months; Doys Hours Min.  12. CITIZEN OF WHAT COUNTRY?  13. FATHER'S NAME  FREDERICK WOERNER  15. Wes Decessed Ever in U. S. Armed Forces?  (Yes, no of unknown) (II yes, give wor or doles of service)  NO  16. SOCIAL  SECURITY NO.  214-22-4302 Mr Milton Woerner 8143 Pleasant Plain  CAUSE OF DEATH  (This does not meen the mode of dying, e.g., hear! follow, els, lil means the disease, injury or complication which coused death.)  ANTECEDENT CAUSES
The Good Samaritan Hospital    BALTIMORE   YES   NO
The Good Samaritan Hospital    E. STREET AND NUMBER   3209 WOODRING AVENUE
5. SEX FEMALE CAUCASIA WIDOWED DIVORCED 3 22 24 47  10. AGE (In years lost birthday) Months: Days Hours Min., Months: Day
FEMALE CAUCASIA WIDOWED DIVORCED 3 22 24 Sibrihody 47 Wonths; Doys Hours Min.  10A. USUAL OCCUPATION (Give kind of work 10 B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country)  NONE  13. FATHER'S NAME  FREDERICK WOERNER  14. MOTHER'S MAIDEN NAME  FREDERICK WOERNER  15. Was Decessed Ever in U. S. Armed Forces? (Yes, no or unknown) (III yes, give wor or doles of service)  NO  16. SOCIAL SECURITY NO. 214-22-4302 Mr Milton Woerner 8143 Pleasant Plain  CAUSE OF DEATH  (This does not mean the mode of dying, e.g., heart failure, astheria, etc., II means the disease, injury or camplication which coused death.]  ANTECEDENT CAUSES  (2)  ANTECEDENT CAUSES  (2)  APPROXIMATE INTERVAL SETWEN ONSEQUENCE OF:  (3)  APPROXIMATE INTERVAL SETWEN ONSET AND DEATH  (A)  (A)  MYASTHENIA LIKE SYNDROME 2 MONTHS  (A)  MYASTHENIA LIKE SYNDROME 2 MONTHS
10A. USUAL OCCUPATION (Give kind ol work) 10R, KIND OF BUSINESS OR INDUSTRY   11. BIRTHPLACE (Stote or foreign country)   12. CITIZEN OF WHAT COUNTRY?   NONE   Maryland   USA    13. FATHER'S NAME   THE COUNTRY?   14. MOTHER'S MAIDEN NAME   THE COUNTRY?   15. Was Deceased Ever in U. S. Armed Forces? (Tes, no or unknown) (II) yes, give wor or doles of service)   16. SOCIAL   SECURITY NO.   214-22-4302   Mr Milton Woerner 8143   Pleasant Plain    18. 7 2 3 7   CAUSE OF DEATH   APPROXIMATE INTERVAL    19. MYASTHENIA LIKE SYNDROME   2 MONTHS    (A) IMMEDIATE CAUSE   DUE TO, OR AS A CONSEQUENCE OF:   CONSEQUENCE OF:   CONSTRUCTION   COUNTRY?   COUNTRY?    (A) IMMEDIATE CAUSE   CONSEQUENCE OF:   CONSTRUCTION   COUNTRY?   COUNTRY?   COUNTRY?   COUNTRY?    (B) CAUSE OF DEATH   CAUSE   COUNTRY   COUNTRY?   COUN
NONE  NONE  Maryland  USA  13. FATHER'S NAME  FREDERICK WOERNER  14. MOTHER'S MAIDEN NAME  LILLIAN Pritchett  15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) [III] yes, give wor or doles of service)  NO  16. SOCIAL SECURITY NO. 214-22-4302 Mr Milton Woerner 8143 Pleasant Plain  CAUSE OF DEATH  CAUSE OF DEATH  (This does not mean the mode of dying, e.g., heart foilure, asthenia, etc., II means the disease, injury or camplication which coused death.]  ANTECEDENT CAUSES  (a)  Maryland  USA  14. MOTHER'S MAIDEN NAME  LILLIAN Pritchett  ADDRESS  APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH  (A)  MYASTHENIA LIKE SYNDROME 2 MONTHS  DUE TO, OR AS A CONSEQUENCE OF:
13. FATHER'S NAME  FREDERICK WOERNER  14. MOTHER'S MAIDEN NAME  LILLIAN Pritchett  15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) [III yes, give wor or doles of service)   16. SOCIAL SECURITY NO. 214-22-4302 Mr Milton Woerner 8143 Pleasant Plain  18. 7 2 3 7   CAUSE OF DEATH  OADRESS  CAUSE OF DEATH  (This does not mean the mode of dying, e.g., heart foilure, asthenia, etc. It means the disease, injury or camplication which coused death.]  ANTECEDENT CAUSES  (a)   MARCHITECTURE   MYASTHENIA LIKE SYNDROME   2 MONTHS    (b)   MOTHER'S MAIDEN NAME   UILLIAN   Pritchett    ADDRESS  APPROXIMATE INTERVAL    BETWEEN ONSET AND DEATH   2 MONTHS    (c)   MARCHITECTURE   2 MONTHS    ANTECEDENT CAUSES
FREDERICK WOERNER  15. Was Decessed Ever in U. S. Armed Forces? (Yes, no or unknown) [II] yes, give wor or doles of service)  NO  16. SOCIAL SECURITY NO. 214-22-4302 Mr Milton Woerner 8143 Pleasant Plain  CAUSE OF DEATH  (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or camplication which coused death.]  ANTECEDENT CAUSES  (a)  MOTHER'S MADDEN NAME  LILLIAN Pritchett  SECURITY NO. 217. INFORMANT  SECURITY NO. 214-22-4302 Mr Milton Woerner 8143 Pleasant Plain  APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH  (A)  MYASTHENIA LIKE SYNDROME 2 MONTHS  DUE TO, OR AS A CONSEQUENCE OF:
15. Was Decessed Ever in U. S. Armed Forces? (Yes, no or unknown) (III yes, give wor or doles of service)  NO  16. SOCIAL SECURITY NO. 214-22-4302 Mr Milton Woerner 8143 Pleasant Plain  CAUSE OF DEATH  OISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or camplication which coused death.]  ANTECEDENT CAUSES  (a) Mr Milton Woerner 8143 Pleasant Plain  MYASTHENIA LIKE SYNDROME 2 MONTHS  (A) IMMEDIATE CAUSE  DUE TO, OR AS A CONSEQUENCE OF:
NO  SECURITY NO.  214-22-4302 Mr Milton Woerner 8143 Pleasant Plain  CAUSE OF DEATH  CAUSE OF DEATH  (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or camplication which coused death.]  ANTECEDENT CAUSES  SECURITY NO.  214-22-4302 Mr Milton Woerner 8143 Pleasant Plain  APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH  (A) MMMEDIATE CAUSE  DUE TO, OR AS A CONSEQUENCE OF:  (B)
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or camplication which coused death.]  ANTECEDENT CAUSES  (a) IMMEDIATE CAUSE  MYASTHENIA LIKE SYNDROME  2 MONTHS  APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH  2 MONTHS
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which coused death.]  ANTECEDENT CAUSES  (A) IMMEDIATE CAUSE  MYASTHENIA LIKE SYNDROME  2 MONTHS  DUE TO, OR AS A CONSEQUENCE OF:
LEADING TO DEATH  (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or camplication which coused death.]  ANTECEDENT CAUSES  MYASTHENIA LIKE SYNDROME  2 MONTHS  DUE TO, OR AS A CONSEQUENCE OF:
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or camplication which coused death.]  ANTECEDENT CAUSES
ANTECEDENT CAUSES
(9)
V/000000000000000000000000000000000000
DISEASES OR CONDITIONS, if any, giving  DUE TO, OR AS A CONSEQUENCE OF:  tise to the above cause (A) stating the
UNDERLYING CONDITION lost (C).
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).
19A DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A AUTOPST? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED.
WAS PERFORMED  IN CERTIFYING CAUSES OF DEATH?  YES  21A. ACCIDENT WAS UNDERLYING  21B BLACE OF INJURY (or in a second sec
OP CONTRIBUTING CALLER OF
21D.TIME (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?  While At Not While (APPROX.)
Work At Work
22. I certify that (1) (this hospital) attended the deceased from March 15 1972 to March 21 1972
that (1) (We) lost saw the deceosed alive on March 2] 19 72 and that In(my) foot) opinion death occurred on the date
and have and from the causes stated above. (1) (WE) (did) (d
236 DATE SIGNED
Affending Med. Staff Phys. Director Phys. March 21, 1972  23C.PHYSICIAN'S NAME (Type)  23D. ADDRESS  March 21, 1972
NI formal Months and Market and M
Affred Munzer, M.D.  One University Parkway East, Baltimore  24A. BURIAL CREMATION, REMOVAL (Specily)  24B. DATE  24C.NAME of CEMETERY of CREMATORY  24D. LOCATION (City, town, or county) (Stote)
Rurial 2 21 72 Deltama
25A. DATE REC'D BY HEALTH DEPT. 258-NAME OF REGISTRAR 25G FUNERAL DIRECTOR ADDRESS
AR 24 1972 Ruck Inc. Balto. Md. 21214



MAR 9.4 1972 VS 150-REV. 1/1/68

0 - 0				HEALTH DEPARTMENT			
G-355	72	2906	CERTIFICA	TE OF DEATH	REG. NO.	72 02906	
I. NAME OF DEC	EASED			2. DATE	AND HOUR OF DEAT	TH THE THE THE THE THE THE THE THE THE T	
(Type or Print)	GOODMAN, JAME	ES T		Ma	rch 20 197	2   4:00 P	
3. PLACE IN BAL	TIMORE, MARYLAND, W			A. STATE B. COL	here deceased lived. II UNTY	institution: residence before admission	
FULL NAME OF HOSPITAL OR	ADDRESS OR LOCA	AL OR INSTIT	UTION, GIVE STREET	Maryland c. city or town	7	NSIDE CITY LIMITS?	
INSTITUTION						YES Y NO	
	eterans Admir 1900 Loch Rave			E. STREET AND NUMBER			
	Baltimore. Mar			6915 Harfor	a Da		
S. SEX	6. RACE		NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under 24 Hrs Months; Doys Hours Min.	
Mala	White	WIDOWED		5/11 /90x 89	lost birthdoy)	Months Doys Hours Min.	
Male MA. USUAL OCC	White UPATION (Give kind of work		BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fe		12. CITIZEN OF WHAT COUNTR	
	working life, even if retired)	mati	hod	Ashland V		TICA	
3. FATHER'S NA	oad worker	reti	LIEU	Ashland, K		USA	
THE THE	Buck Goodman			Mollie xxxx		ne	
			11 (	2011000		ADDRESS	
5. Was Deceased Yes, no or unknown	l Ever in U. S. Armed For	s of service)	16. SOCIAL SECURITY NO.	VA Hospital	Records	VDDKE33	
Yes	8/7/18 - 12/	19/18	403-09-4326	3900 Loch	Raven Blvd.	, Balto., Md 21218	
18. 44	0.91		CAUSE OF DEAT	Н		APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT	
DISEA	SE OR CONDITION DI	RECTLY					
	LEADING TO DEATH		ISE Cardiac ar	rest	30 minutes		
	not meon the mode of asthenio, etc. It means		DUE TO, OR AS	A CONSEQUENCE OF:			
injury or cor	injury or complication which caused deoth.)  Coronary arteriosclerotis, severe						
	ANTECEDENT CAUSES						
	OR CONDITIONS, if		DUE TO, OR AS	A CONSEQUENCE OF:			
	e above couse (A) G CONDITION last.	slaling the	(c) Acute	myocardial in	farction	2 hours	
	11		(-),,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	<i>-</i>			
TO THE DEA	FICANT CONDITIONS CO TH BUT NOT RELATED TO T CONDITION GIVEN IN PAI	HE TERMINAL	Pancreati	tis, recurrent	with post-	op fistula	
U 19A. DATE O	F OPERATION 198. CON	IDITION FOR	WHICH OPERATION	20 A. AUTOPSY? (Yes or	No) 20B. IF YES, WE	RE FINDINGS CONSIDERED CAUSES OF DEATH?	
2/25 &	- /) /	structin	ng lesion of c	olon YES			
OR CONTRIB	INT WAS UNDERLYING [ UTING ] CAUSE OF y medicol exominet)	7  21	B. PLACE OF INJURY (e.g., i me, form, foctory, street, o	n or obout 21 C. WHERE DID ffice bldg., INJURY OCCUR?	(If in Bolti	more City, give exect location)	
21D. TIME	(Month) (Doy) (Year)	(Hour) 218	E INJURY OCCURRED	21F. HOW DID	INJURY OCCUR?		
OF INJURY			hile At Not While	e 🗆			
					10.70 M	arch 20th 19 72	
			March 20th				
						opinion death occurred an the da	
		ited above.	1) (We) (did) (d/d/do/) \	view the body after deat	h.		
23A. SIGNAT	URE		A44.	andian on Mad on	S - #	23 B. DATE SIGNED	
		, .	DEGREE Phy	ending Med. Director	Staff Phys.	3/21/72	
23C. PHYSICI	AN'S Type)	H. How	ton	23D. ADDRESS 3900	Loch Raven	Boulevard	
		HOOKER,	M.D. DEGREE		imore, Mary		
24A. BURIAL CR	EMATION, 248. DATE		IAME of CEMETERY OF CR		LOCATION	(City, town, or county)   IState)	
REMOVAL		/70	De selección d		2-1-4	M	
Buria	BY HEALTH DEPT.	25B. NAME	OF REGISTRAR	25C. FUNERAL DIRECT	saltimore,	Maryland	
		1					

Leonard J Ruck Inc. Baltimore, Md

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Deligion of the second Par 5pt 3/23/12 chromon-Williams, State Lake Legisardi d ilmest Inc. anibilectu, Li

FUNERAL DIRECTOR: IMPORTANT

was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased This certificate must be approved by the chief medical examiner or his assistant if death ofcurred in a hospital and

1	BALTIMORE CITY HEALTH DEPARTMENT 72 2907							
	DIETH NO. 72 02907 CERTIFICATE OF DEATH REG. NO							
	Pe or Print) HELEN LEVI	yane	3-	21-72	7.35 Q M.			
3.	PLACE IN BALTIMORE, MARYLAND, WHERE	RONOUNCED DEAD	4. USUAL RESIDENCE I Where A. STATE 8. COUNT		stitution: residence before admission)			
HC	ILL NAME OF (IF NOT IN HOSPITAL OR ADDRESS OR LOCATION) STITUTION	INSTITUTION, GIVE STREET	HARY LAWD	D. INSI	DE CITY LIMITS?			
1		Un O DUT DI	BALTIHORE		YES NO			
	Union HEMORIAL	ACSPIVAL	E. STREET AND NUMBER  3973 GR	INDON A	VE -BALTO 21212			
S.	SEX 6. RACE 7. MA	RRIED NEVER MARRIED	8. DATE OF BIRTH 9.	. AGE (In years	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.			
F		OWED DIVORCED	11-16-03	68 XX	Months Doys Hours Min.			
	USUAL OCCUPATION (Give kind of work 108, K	ND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreig	n country)	12. CITIZEN OF WHAT COUNTRY?			
	ne during most of working life, even if retired) HOUSEWIFE		XXXXXXXXXXXX	New York	AMERICAUSA			
13.	FATHER'S NAME		14. MOTHER'S MAIDEN NAM	E				
A	nthony Petone		Anna Kassell					
15.	Was Deceased Ever in U.S. Armed Forces? s, no or unknown) (If yes, give wor or dates of se	1 6. SOCIAL	17. INFORMANT		ADDRESS			
(16	No	218-46-1201	EDWARD A.	HOPKINS	STEHHERS			
	18. 4/// 91	CAUSE OF DEAT			APPROXIMATE INTERVAL			
	DISEASE OR CONDITION DIRECTLY		000000	enest.	BETWEEN ONSET AND DEATH			
	LEADING TO DEATH	(A) IMMEDIATE CAL	ISE CHRUIRC H	RNESV				
	DISEASE OR CONDITION DIRECTLY  LEADING TO DEATH  (This does not mean the made of dying, e.g., heat failure, asthenia, elc. It means the disease, injury or complication which coused death.)  (A) IMMEDIATE CAUSE CARDIAC ARREST  DUE TO, OR AS A CONSEQUENCE OF:							
	ANTECEDENT CAUSES  MYDCARD IAL  IN FARCTICAN  DUE TO, OR AS A CONSEQUENCE OF:							
	rise to the obave cause (A) stotin	g lhe (C)						
	11	/ W/***********************************						
NO O	OTHER SIGNIFICANT CONDITIONS CONTRIBL							
AT	TO THE DEATH BUT NOT RELATED TO THE TERM DISEASE OR CONDITION GIVEN IN PART 1 (A)	***************************************						
CERTIFIC	19A. DATE OF OPERATION 19B. CONDITION WAS PERFORME		20A. AUTOPSY? (Yes or No)	IN CERTIFYING CAL	FINDINGS CONSIDERED USES OF DEATH?			
CAL C	OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., i home, form, foctory, street, or etc.)		(If in Boltimore	e City, give exoct location)			
MEDIC	21D. TIME (Month) (Doy) (Year) (Hou	1 21E INJURY OCCURRED	21F. HOW DID INJU	RY OCCUR?				
2	(APPROX.)	While At Not While At Work						
	22. I certify that (I) (this hospital) atte	nded the deceased from	3-20 19	9 77 10	3-21 1972,			
	that (I) (we) lost sow the deceased oliv	e on 3 - 21	19 72 ond tho	t in (my) (our) opis	nion death occurred on the date			
	ond hour and from the causes stated ob	ove. (1) (We) (did) (did not) v	riew the body ofter death.					
	23A. SIGNATURE	1		LUC TE	23B. DATE SIGNED			
	May M. Colla	DEGREE Phy	ending Med. S s. Director P	Staff Phys.	3-21-72			
	23C. PHYSICIAN'S NAME (Type) JUAN M.		23D. ADDRESS	14				
24/	A. BURIAL CREMATION, 24B. DATE	DEGREE 24C. NAME of CEMETERY OF CR	EMATORY 24D. LO	CATION (Cit	ty, town, or county)   IState)			
	REMOVAL (Specify)			Balto.				
25/	urial 3-24-72	Parkwood Cem.	25C. FUNERAL DIRECTOR	Dalto.	ADDRESS			
	MAR 24 1972	2.000	Deonard Jaki	uck Inc. I				
-					· · · · · · · · · · · · · · · · · · ·			

VS 150-REV. 1/1/68

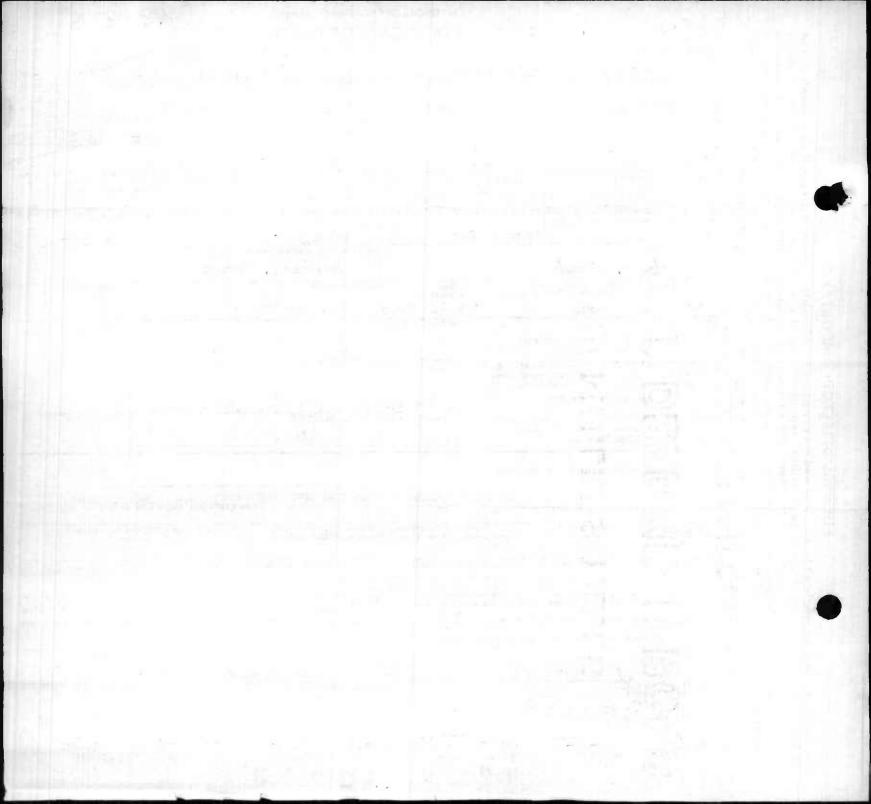
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THE PROPERTY AND PORTERING TO BE

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. written approval must be obtained before the remains are embalmed or final disposition is made. FUNERAL DIRECTOR: IMPORTANT

Such

1	E//A 70 00000		HEALTH DEPARTMENT	110011	72 02908	410
611	dh No.	IFICA	TE OF DEATH	1		
	NAME OF DECEASED pe or Print)		2. DATE	AND HOUR OF DEATH		
	Louis C. Kimmel		· M	arch 21	1972 995	PM.
3,	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD		A. STATE B. CO	UNTY	nstitution: residence before o	dmission)
FU	LL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE ST	REET	Md.	2 Baltimore	e 5	301
İN	SMITAL OR ADDRESS OR LOCATION)		C, CITY OR TOWN	D. INS	IDE CITY LIMITS?	
	8		Timonium		YES NO	
	Maryland General Hospital		E. STREET AND NUMBER		1	
			7 Evans	Ave T	lmonium 21	093
5.	MAKKIED DE INEVEK MAI	RRIED	8. OATE OF BIRTH	9. AGE (In years lost birthday)	Months Doys Hours	24 Hrs.
	Male white widowed Divor		8-21-49	74		
	LUSUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR to during most of working life, even if retired)	INDUSTRY	11. BIRTHPLACE (Stote or f	oreign country)	12. CITZEN OF WHAT C	OUNTRTT
V	Mail man Post office		Md.		U.S.A	
13.	FATHER'S NAME		14. MOTHER'S MAIDEN N	IAME	CA K DE	***
	Charles A. Kimmel		Doro thea &	Keener		
15.	Was Deceased Ever in U. S. Armed Forces?   1 6. SOCIAL		17. INFORMANT		ADDRESS	
tre			Chart			
-	no none 213-46-	OF DEATH				
17	1/017	OF DEATE	•		APPROXIMATE IN	
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		Consul	MANGELLIC	v	
	linis does not mean the mode of dying, e.g.,	DIATE CAU	A CONSEQUENCE OF:	Collect	7	*****
	heart failure, asthenia, etc. It means the disease, injury or camplication which caused death.)					
	ANTECEDENT CAUSES	- hair la (	0			
	DISEASES OR CONDITIONS, if any, giving	enes, lu				
	rise to the above cause (A) stating the					
	UNDERLYING CONDITION last. (C)	<u>e</u> w	may ram	JO1 C		
-						
2	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL					
CERTIFICATION	DISEASE OR CONDITION GIVEN IN PART 1 (A).  1994- DATE OF OPERATION 1198- CONDITION FOR WHICH OPERATION	ON	20A. AUTOPSY? (Yes or	No. 200 IE TE WERE	FINDINGS CONSIDERED	
E	WAS PERFORMED		TOWN WOLD LANGE OF	IN CERTIFYING CA	USES OF DEATH?	
20	21A ACCIDENT WAS UNDERLYING 21B PLACE OF INJ	URY le.g., in	or obout 21 C. WHERE DID	(If In Rollimor	e City, give exact location)	
	OR CONTRIBUTING CAUSE OF home, form, foctory, DEATH (notify medical examined	street, of	ice bidg. INJURY OCCUR	W W serimo	a why, give exact location,	
MEDICAL	21D. TIME (Month) (Doy) (Year) (Hous 21E INJURY OCCU					
ME	OF INJURY	Not While	21 F. HOW OID II	NJURY OCCUR?		
	Work	At Work	Ъ,			
	22 ( cartify that (1) (this hospital) ottended the deceased fi	rom	3(5)	1921 10 31	2 19	75
	that (D(we) lost sow the deceased office on 3	<u>(                                    </u>	19 72 ond	that In (my) Your) opi	nion death occurred on t	
	and hour and from the couses stated above. (1) (We) (did) (d	id not) vi				
	23A. SIGNATURE				23B, DATE SIGNED	
	Homa (XN, ess 8 MA)	1 96	nding Med.	Staff X	2/1/-	1
	23C. PHYSICIAN'S	Out ti	3D. ADDRESS	Phys.	12/5/(5	
	NAME ITYPEY C SOMMANDAS	MD	2016	N		
24A	BURIAL CREMATION, 248. DATE 24C. NAME of CEMETE	DEGREE RT OF CRE	MATORY 24D.	LOCATION (C)	he fame as as as	Sanal
	REMOVAL ISpecify	. 4.		LOCATION ICI	ty, town, or county)	Stotel
25.4	Burial 3-25-72 Dulaney Val	Ley Me		1) (ockeys	ville Maryland	1
41	DATE REC'D BY HEALTH DEPT. 258 NAME OF REGISTRAR		25C. FUNERAL DIRECTO	Xell - 1	ADDRESS	1
N	HRZ4 3/2 / Special Continues of the Cont		JANOW O	TUNO HE	no your	W
A.2	150-REV. 1/1/68			J 4-0		



## IMPORTANT DIRECTOR: FUNERAL

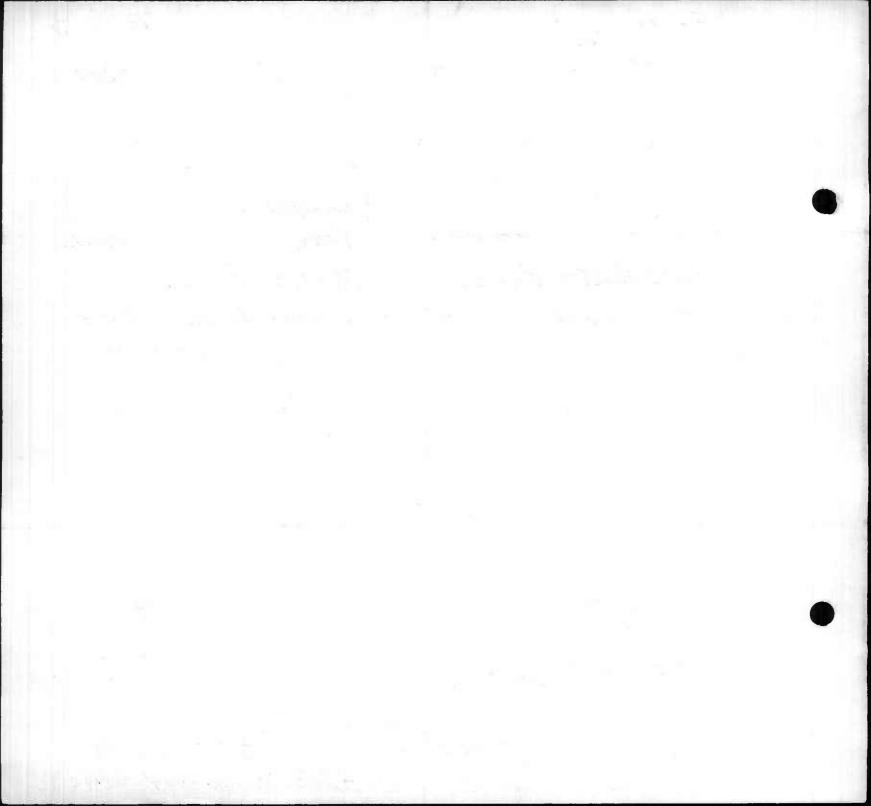
Deceased and Such death a hospital death. of attendance (5) cause canse; 0 occurred in prior contributing (4) Undetermined is made. in regular deceased death or final disposition 0 Was the direct death Ou kind; attendance any pronounced Also, embaimed of fracture the chief medical examiner examiner. regular who are 4 = physician before the remains medical burns; physician was (2) Body the 8 by where to the hospital °Z any nature; obtained 9 roved (except and of death) hospital the body was released must accident prior to written approval 8 at An deceased

shows:

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BALTIMORE CITY HEALTH DEPARTMENT 72 02909 CERTIFICATE OF DEATH REG. NO. I. NAME OF DECEASED 2. DATE AND HOUR, OF DEATH (Type or Print) 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived, II institution residence FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) pomod C. CITY OR TOWN D. INSIDE CITY LIMITS? BA YES P NO E. STREET AND NUMBER 6. RACE 9. AGE (In vegls MARRIED NEVER MARRIED B. DATE OF BIRTH Il Under 1 Yr. Months: Doys , Il Under 24 Hrs. lost birthday WIDOWED DIVORCED 10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11/ BIRTHPLACE (Stote of foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even it retired) IRON WORK construct 13. FATHER'S NAME 4. MOTHER'S MAIDEN NAME 15. Was Deceased Ever in U. S. Armed Forces?
(Yes, no or unknown) (If yes, give wor ar dates of service) 6. SOCIAL ADDRESS SECURITY NO. AME CAUSE OF DEATH APPROXIMATE INTERVAL DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) IMMEDIATE CAUSE (And mour (This does not mean the mode of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, rise to the above couse (A) stating the UNDERLYING CONDITION lost П CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A-DATE OF OPERATION 198 CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? WAS PERFORMED 218. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, foctory, street, affice bldg., INJURY OCCUR? 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (If in Boltimare City, give exact location) MEDICAL DEATH (notify medical examined (Hour) 21 D. TIME (Month) (Doy) (Year) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY Not While (APPROX.) Work At Work 22. I certify that (1) (this haspital) ottended the deceased from that (1) (we) last saw the deceased alive on and hour and from the causes stated above. (1) (We) (did) (did not) view the body after death. 23B, DATE SIGNED M.D Attending Med. Phys. Director 23C. PHYSICIAN'S 23 D. ADDRESS NAME (Type) 55 GEGREE 24A. BURIAL CREMATION, 1248, DATE NAME of CEMETERY of GREMAT (Stote) REMOVAL (Specily) NEW LATREDRA

BETWEEN ONSET AND DEATH and that in (my) (our) apinion death occurred on the date VS 150-REV, 1/1/68



1	M -1. 2 BALTIMORE CIT	Y HEALTH DEPARTMENT 72 02910
2002	BIRTH NO. CERTIFICA	ATE OF DEATH REG. NO. 12 02010
ase ase	I. NAME OF DECEASED HALPER MYERSTEIN	2. DATE AND HOUR OF DEATH 3420/72
F 0 6 6	C COLO XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	WALKANAN KANANANKA KANANANAN I SID DM W
000	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceosed lived. If institution: residence before odmission) A. STATE B. COUNTY
ause e; (5) ndanc	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	XXXXX NEW YORK
OND	INSTITUTION	C. CITY OR TOWN KNINKKXXXX D. INSIDE CITY LIMITS?
d cau	Marjand Leveral Hosp.	E. STREET AND NUMBER 1575 GRAND CONCOURSE
de de		**************************************
	5. SEX 6. RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years If Under 1 Yr., If Under 24 Hrs., Months; Doys Hours; Min.
ermi regu	EMALE HITE WIDOWED DIVORCED DIVORCED DIVORCED DIVORCED	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
o o o	done during most of working life, even if retired)	
3 . D m m v	HOUSEWIFE AT HOME	RUSSIA USA
direct ; (4) ; w h w n the dispo	MAURICE WEGMAN	
nd; (ind)	15. Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL	******
0 - 0 - 0	(Yes, no or unknown) (If yes, give wor or doles of service) SECURITY NO.	1575 GRAND CONCOURSE
+ >p 5 +	NO 111-12-3370 CAUSE OF DEAT	MR. ABRAHAM MYERSTEIN, BRONX, NEW YORK
on o	T DISEASE OF CONDITION DIPERTY	BETWEEN ONSET AND DEATH
A CONTRACTOR	LEADING TO DEATH	eralun V menmones 2 who
	heart failure, asthenia, elc. Il means the disease.	A CONSEQUENCE OF:
act act	injury or complication which caused death.)	evolised arteriorcheosis > 10 year
A fr A fr A ho reg	DISEASES OR CONDITIONS, if any, giving DUCTO, OR AS	A CONSEQUENCE OF:
(3) A (3) A in v	rise to the obove cause (A) slating the	A CONSEQUENCE OF:
0 . =	\C/	
# S ≥ E	O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
y buy phy phy ian	O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	18-10-11-11-11-11-11-11-11-11-11-11-11-11-
Body the pysicie		20A-AUTOPSY? (Yes or No) 20B, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
9000	WAS PERFORMED  21A. ACCIDENT WAS UNDERLYING   21B. PLACE OF INJURY (e.g., in long) or CONTRIBUTING   CAUSE OF   21B. PLACE OF INJURY (e.g., in long) or CONTRIBUTING   CAUSE OF   21B. PLACE OF INJURY (e.g., in long) or CONTRIBUTING   CAUSE OF   21B. PLACE OF INJURY (e.g., in long) or CONTRIBUTING   CAUSE OF   21B. PLACE OF INJURY (e.g., in long) or CONTRIBUTING   CAUSE OF   21B. PLACE OF INJURY (e.g., in long) or CONTRIBUTING   CAUSE OF   21B. PLACE OF INJURY (e.g., in long) or CONTRIBUTING   CAUSE OF   21B. PLACE OF INJURY (e.g., in long) or CONTRIBUTING   CAUSE OF   21B. PLACE OF INJURY (e.g., in long) or CONTRIBUTING   CAUSE OF   21B. PLACE OF INJURY (e.g., in long) or CONTRIBUTING   CAUSE OF   21B. PLACE OF INJURY (e.g., in long) or CONTRIBUTING   21B. PLACE OF INJURY	n or obout 21C. WHERE DID (If in Boltimore City, give exect location)
	OR CONTRIBUTING CAUSE OF home, form, foctory, street of DEATH (notify medical examiner)	fice bldg., INJURY OCCUR?
spi vr	21D.TIME (Month! (Doy) (Year) (Hour) 21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
2000	(APPROX.) While At Work At Work	
5 7 2 E E	22. I certify that (I) (this hospital) ottended the deceased from	2/24 19/2 to 3/20 1972
00.0	that (I) (we) lost sow the deceased alive on 3/19	19 72 and that In(my) (our) opinion death occurred on the date
sed to ant of spital eath)	ond hour and fram the couses stoted above. (H) (We) (did) (did not) v	lew the bady ofter death.
eased ident nospit deat must	23A_SIGNATURE	23B, DATE SIGNED
8 + B	DEGREE Phys	
An a An a prior	NAME (Type)	23D. ADDRESS
y was r (1) An a 3.A. at ed prior approv	DONALD DEMBO  DEGREE  24A- BURIAL CREMATION,   24B, DATE	827 LINDEN AVENUE
- U U _	REMOVAL (Specify)	MATORY 24D. LOCATION (City, town, or county) (Stote)
the bod shows: was D.C decease	REMOVAL-BURIAL 3-23-72 MT. PLEASANT 25A. DATE REC'D BY HEALTH DETT. 256. NAME OF REGISTRAR	PLEASANTVILLE, NEW YORK  259, FUNERAL DIRECTOR ADDRESS
the sho	MAR 24 19/2	SOL LEVINSON & BROS, 6010 REISTERSTOWN ROAD
,	VS 150-REV. 1/1/68	

1	1	,			BALTIMORE	CITY HEA	LTH DEPARTMENT							
ched the	BIR	H 032/	72	0291	1 CERTIFIC	CATE	OF DEATH	REG. NO	72 02911					
dea dea seas		AME OF DECE		KATZOF	F			AND HOUR OF DEATH	1215	Λ,				
of of Dec ath.	3. F	PLACE IN BALTI	MORE MARYLAND, V				MARCH 22, 1972  A. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission A. STATE  B. COUNTY							
hos iuse ;; (5) dan den	HO	LL NAME OF	(IF NOT IN HOSPI ADDRESS OR LOC	TAL OR INST	TUTION, GIVE STREET	C. <b>C</b>	MARYLAND C. CITY OR TOWN D. INSIDE CITY LIMITS?							
d in a ng ca cause atten	b		APTS., APT.	. 503		E. 5	BALTIMORE YES NO							
de de	5. S		6. RACE	7			3601 CLAR	S LANE APT	. 503	4 Hu				
trib min gul sed		FEMALE	WHITE	WIDOWE	NEVER MARRIED		/ 1875	lost birthdoy	Months Doys Hours	Ain.				
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REMOVAL (Specify)
BURIAL 2 RIGA KURLANDER VEREIN ROSEDALE, MARYLAND

| 256 NAME OF REGISTRAR | 25C. FUNERAL DIRECTOR | ADDRESS |
| 256 NAME OF REGISTRAR | 25C. FUNERAL DIRECTOR | ADDRESS |
| 256 NAME OF REGISTRAR | ADDRESS | SOL DEVINSON & BROS., 6010 REISTERSTOWN ROAD 3-22-72

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SIGN NO. 72 02912 CERTIFICATE OF DEATH  TO AND DECLASED  THE JOHNS HOPKINS HOSPITAL  BALTIMORE, MD 21205  S. SEK  BRACE  THE JOHNS HOPKINS HOSPITAL  BALTIMORE, MD 21205  S. SEK  BRACE  THE JOHNS HOPKINS HOSPITAL  BALTIMORE, MD 21205  S. SEK  BRACE  THE JOHNS HOPKINS HOSPITAL  BALTIMORE  THE JOHNS HOPKINS HOSPITAL  THE JOHNS HOPKINS HOPKINS HOSPITAL  THE JOH							
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done during most of working life, even if redired)  PROPRIETOR  REAL ESTATE  BALTIMORE, MARYLAND  14. MOTHER'S MAIDEN NAME  MORRES HERMAN  15. Was Deceased Ever in U. S. Armed Forces?  16. SOCIAL SECURITY NO.  17. INFORMANT  DISEASE OR CONDITION DIRECTLY  LEADING TO DEATH  (This does not mean like mode of dying, e.g., heart foliure, asthenic, etc., it means the disease, injury or complication which coused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, giving inse to the above cause (A) staling the UNDERLYING CONDITION lost.  TO THE DEATH BUT ON THE LATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).  THE DEATH BUT ON THE LATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).  THE DEATH BUT ON THE LATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).  THE DEATH BUT ON THE LATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).  THE DEATH BUT ON THE LATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).  THE DEATH BUT ON THE LATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).  THE DEATH BUT ON THE LATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).  THE DEATH BUT ON THE LATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).  THE DEATH BUT ON THE LATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).  THE REAL ESTATE  BALTIMORE, MARYLAND  15. MOTHER'S MAIDEN NAME  ESTHER'S MAIDEN NAME  LEADING TO THE DEATH  TO THE DEATH BUT ON THE LATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).  THE CONDITION TO THE LATED TO THE TERMINAL DISEASE OR CONDITION FOR WHICH OPERATION IN CERTIFING CAUSES OF DEATH?  THE REAL ESTATE  BALTIMORE, MARYLAND  16. MOTHER'S MAIDEN NAME  ESTHER'S MAIDEN NAME  LEADING TO THE DEATH  TO THE DEATH BUT ON THE LATED TO THE TERMINAL DISEASE OR CONDITION FOR WHICH OPERATION IN CERTIFING CAUSES OF DEATH?  THE COURSE OF CONDITION FOR WHICH OPERATION IN CERTIFING CAUSES OF DEATH?							
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ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, giving ise to the above cause (A) stating the UNDERLYING CONDITION last.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  179A. DATE OF OPERATION 198 CONDITION FOR WHICH OPERATION 200A. AUTOPSY? (Yes of No.) 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?  21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout) 21C. WHERE DID (II In Boltimore City, give every learner)							
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DEATH (notify medical examines)							
Q 21 Da TIME (Month) (Day) (Year (Hourt 225 to ULT) COURSE							
Q 21D. TIME (Month) (Doy) (Year (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?							
(APPROX.)  Work  At Work							
22. I certify that (this hospital) attended the deceased from March 16 19 72 to March 19 1972							
that (#) (we) last saw the deceased alive on March 19 72 and that in (we) (our) apinion death occurred on the date							
und nour and from the causes stated above. (#e) (did) (#td-not) view the body after death.							
23A. SIGNATURE 23B. DATE SIGNED							
Attending   Med. Staff   March 19 1972							
23C. PHYSICIANS NAME (Type)  23D. ADDRESS							
PHILIP ROSENBLOOM M.D. DEGREE THE JOHNS HOPKINS HOSPITAL							
REMOVAL (Specify) 24C. NAME OF CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) (Stote)							
ISA DATE NOD BY AND THE STATE OF THE STATE O							
MAR 24 1972   258. HAMA OF REGISTRAR   25C, FUNERAL DIRECTOR   ADDRESS   SOL. LEVINSON & BROS., 6010 REISTERSTOWN ROAD							

1972 MAR 2.4 VS 150-REV. 1/1/68

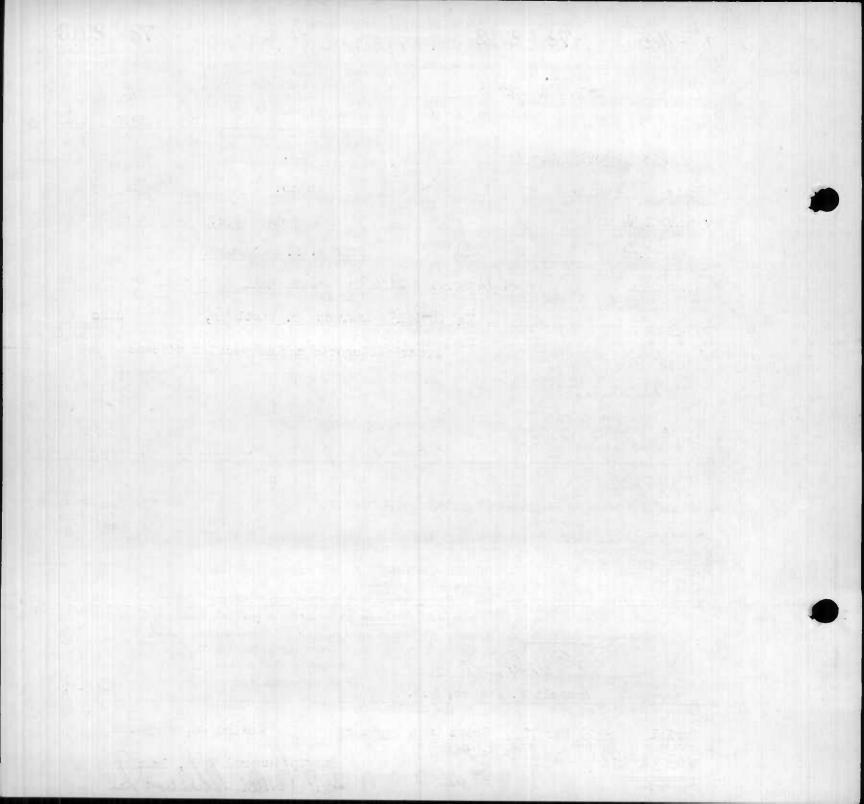
SOL LEVINSON & BROS.,6010 REISTERSTOWN ROAD

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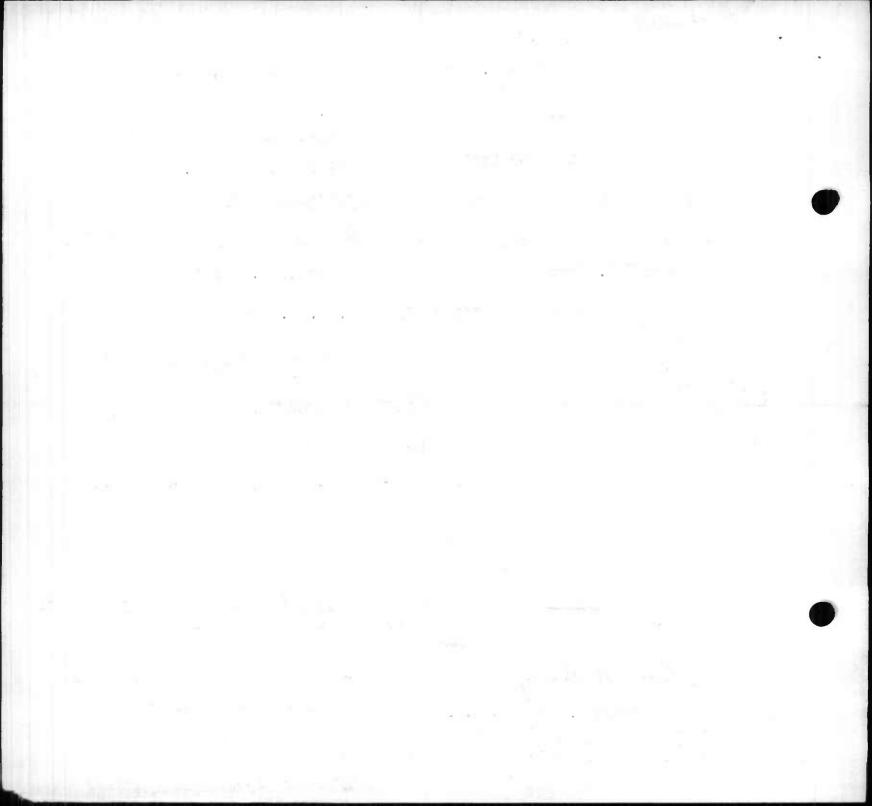
## RAITIMODE CITY HEALTH DEPARTMENT

	72	02913
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# -/63 MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO. 72 02913														
_	TH NO.	EASED					2. DATE		☐ Man			V	li.	_
	1. NAME OF DECEASED  (Type or Print)  (Type or Print)							Estimote		th Day		Year	Haur	
THOMAS ROBERTSON  4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD						3. DATE	Laminore	Mont	th Doy		Yeor	Hour	М.	
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL ADDRESS OR LOCATION)							PRON	OUNCED DEA	3	20	1	972	1:35	а м.
6	1-1-1	n Memon	rial H	ospit	al		A. STATE	Md.		B. COUN		in ence t	30	7
6.	SEX	7. RACE		8. MARI	RIED [	NEVER MARRIED	C. CITY C	OR TOWN		D. INSI	DE CITY L	IMITS?		
	male	wh	ite	WIDO	WED [	DIVORCED [	Balto. YES X NO							
9. [	DATE OF BIRTI	1	10. AGE (In		If Und	der 1 Yr. If Under 24 Hrs. is Days , Hours , Min.	E. STREE	AND NUME	BER					
	an 10 19	934	1037 011 11100	38				3913 Rc	land Av	ve.				
11.	BIRTHPLACE (S	tate ar fareig	n country)			TIZEN OF	13. FATHI	R'S NAME						
	Maryla	and			VV	HAT COUNTRY?	Joh	n V. B.	Robert	son				
144	USUAL OCCU	PATION (Give	e kind of work	148. KINI	OF B	USINESS OR INDUSTRY	15. MOTH	ER'S MAIDEN	NAME					
aan	Attenda	4	en irretired)	Gaso	lene	Service St	tion	Hazel	Ball					
16.	WAS DECEAS	ED EVER IN	U.S. ARMED	FORCE	5?	17. SOCIAL	18. INFO				ADDR	ESS		
(Y e	s, na or unknown)	(If yes, give w	var ar dates	of service	*)	219 28 2215	Laura	ence E.	Knott	Sm		sar	no	
	NO 19. Z/ / 9	11				CAUSE OF DEA		ence E.	Миосс	DI			PROXIMATE IN	TERVAL
CAL CERTIFICATION	_   yes													
MEDI	22A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH.   228. PLACE OF INJURY (e.g., in or obau) longerlying CAUSE OF DEATH.   228. PLACE OF INJURY OCCUR?   100   1													
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24	SIGNATI EXAMIN NAME (T	ER'S ype)	Russel	1 S.		her, M.D.	AS	SOCIATE MED		NER 🗆	, town, or		20-72 (Star	to)
	MOVAL (Speci		40. DATE						Z4D. LOCA	TOTA (City	, lown, or	county	(310)	re)
25	Burial 23 Mar 72 Crest Lawn Cemetery Howard Co, Maryland  25A. DATE REC'D BY HEALTH DERT.  MAR 24 1972 PARTY SEE NAME OF REGISTRAR  Burgep Funeral Mone, Baltimore Md													
VS	151.REV 1/1/AS			-	-	7-2-0 1	0	8/16	1/8.	11177	Daly	THOLE	z MQ	

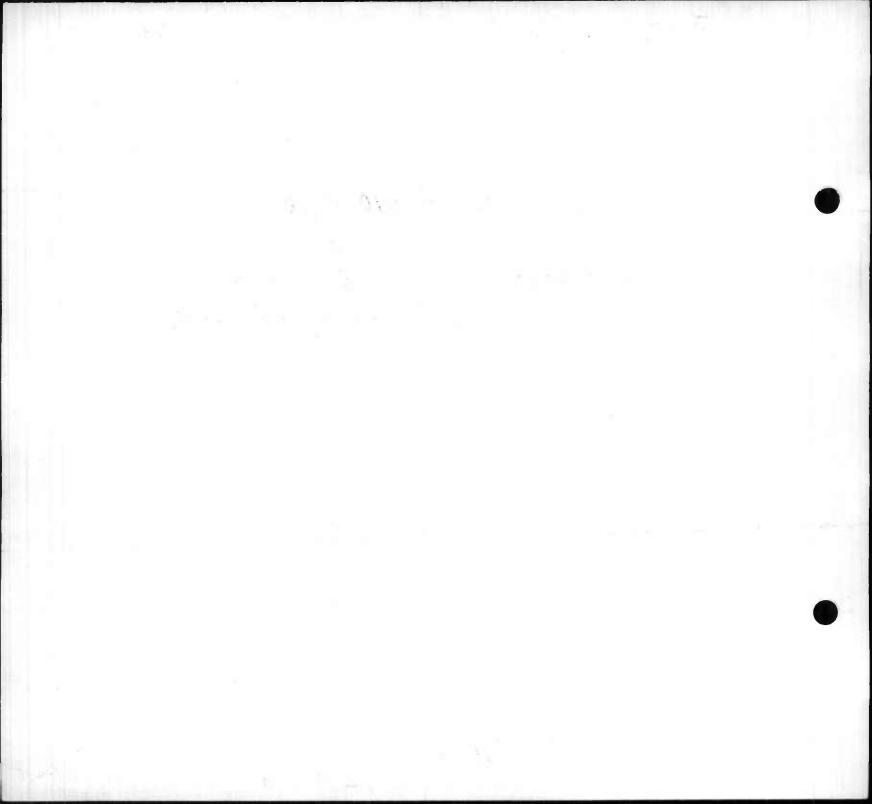


	BALTIMORE CIT	Y HEALTH DEPARTMENT 72 02914							
	BIRTH NO. 72 02914 CERTIFICA	TE OF DEATH REG. NO.							
	1. NAME OF DECEASED	2. DATE AND HOUR OF DEATH							
	Myrtle I. Healy	March 20, 1972							
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceosed lived, I( institution; residence before odmission) A. STATE B. COUNTY							
	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION!	Md. 2643							
	INSTITUTION	C. CITY OR TOWN  Baltimore  D. INSIDE CITY LIMITS?							
	Johns Hambins Hamitan	E. STREET AND NUMBER							
-	Johns Hopkins Hospital	2715 Edison Hgwy.							
	5. SEX 6. RACE 7. MARRIED NEVER MARRIED	8, DATE OF BIRTH 9. AGE (In years If Under 1 Yr., If Under 24 Hrs.							
	F WIDOWED DIVORCED	9/12/1898   73							
	10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY done during most of working life, even if retired)	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?							
	JALESLADY - STEWART + G-	HANCOCK, MD. U.SH.							
		14. MOTHER'S MAIDEN NAME							
	George W. Harr	Carrie E. Malotte							
	15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dates of service) SECURITY NO.	17. INFORMANT ADDRESS							
	No 9 min 212 24 7548	Mr. B. J. Healy 1319 MANTLE ST.							
	MEDISEASE OF CONDITION DIRECTLY	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH							
	LEADING TO DEATH	let magnil & F							
		A CONSEQUENCE OF							
	pinfury ar complication which caused death.)								
P	ANTECEDENT CAUSES (B) Chiling	white Hoset Orine year							
4	DISEASES OR CONDITIONS, if any, giving rise to the abave cause (A) stating the	A CONSEQUENCE OF:							
	UNDERLYING CONDITION last. (C). Comm	ships Unteroschian							
	Z OTHER SIGNIFICANT CONTRIBUTION (2)								
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	ilun. Che M. I : Distitor wellten green							
	198. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERED							
		IN CERTIFYING CAUSES OF DEATH?							
	U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in local of loca	n or obout 21 C. WHERE DID (If In Bolttmore City, give exect location)							
	D 21D. TIME (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCURRED								
	▼ (APPROX) While At \ Not While	21F. HOW DID INJURY OCCUR?							
	22. I certify that (1) (this hospital) attended the deceased from 10/13/ 1968 to 3/20/1972								
and hour and from the couses stated above. (1) (Westerd) (did not) view the body after death.  23A. SIGNATURE    23B. DATE SIGNED									
									1 / / / / / / / / / / / / / / / / / / /
	DEGREE	3D. ADDRESS							
	Albert B. Bradley, M.D.	4900 Belair Road 21206							
1	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CRE	MATORY 24D. ŁOCATION (City, town, or county) (Stotel							
	DUBJAL 3/23/12 CATHEDRAL	Care 20173							
	MAR 24 1972	25C. FUNERAL DIRECTOR ADDRESS							
	/5 150-REV, 1/1/68	VMCHELL- WIEDEFFLD HOHE.							



þ	seeth the Such	72 02915 CERTIFICA	TE OF DEATH
an		(Type or Print) MARIE M. EGNER.	2. DATE
hospital	e of 5) Dec nce o leath.	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (V
in a	se; end to	FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) INSTITUTION  WWW. OF MD HOSPITAC	C. CITY OR TOWN BAL I MOV
Pe	ar deb	BALTO, ND.	1123 WASHI
OCCULT	ermi regu regu sase is m	WIDOWED DIVORCED	8. DAJE OF SIRTH  10 28 +1 6  11. BIRTHPLA CE (State of
death	nder in dec	done during most of working life, even if retired)  WEMPLOYED  None	MA. MOTHER'S MAIDEN
ant if	directly (4) ith won the dispo	15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dotes of service)  SECURITY NO.	Hose 17. Informant
assistant	行うるだけ	No L	was margare
h is	d and	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	1 AENINEC
- Au	ctur pror	(This does not mean the mode of dying, e.g., heart laiture, ostherio, etc. It means the disease, injury or camplication which coused death.)	CONSEQUENCE OF:
cal examine	A fr A ho reg re e	ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if ony, giving nise to the above cause (A) stating the	E ALCOHOLI
	burns; (3) hysician n was in remains a	UNDERLYING CONDITION last. (C)	
T	med dy bu phy cian	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).  19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or
_ 9	by a 2) Bod re the physic fore th	U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in	OF OBOUT 21 C. WHERE DID
by ti	hospital nature; (2 ept wher d (6) No p	DEATH (notify medical examined)  21D-TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED	21F. HOW DID I
proved	brong by	While At Not While At Work  22. 1 certify that (!) (this hospital) attended the deceased from	13 Mar.
ddp e	of al (el h);	that (i) (we) last sow the deceased alive on	19 72 and
must b	cider hosp to de	23A. SIGNATURE Allen Phys.	
ficate	A. at prior	23C. PHYSICIAM'S NAME (TYPE) MACKOWIAIR MD DEGREE	UNIV. OF O
This certificate must	See Pood	Lunal 3/25/72 Slen Harren & CREM Harren & CREM Harren & CREM Harren & CREM Harren & CREM Harren & CREM Harren & CREM Harren & CREM Harren & CREM Harren & CREM HARREN & CR	em.
This	show was dece	MAR 24 1972  VS 150-REV. 171/88	259. FUNERAL DIRECT

RE CITY HEALTH DEPARTMENT	
FICATE OF DEATH REG. No. 72 02915	-
2. DATE AND HOUR OF DEATH  3/22/72  9 15 A	
A. STATE B. COUNTY  C. CITY OR TOWN  BALL I MORE  D. INSIDE CITY LIMITS?  YES NO  E. STREET AND NUMBER	
1123 WASHINGTON BLUD.	
ED 8. DAJE OF SIRTH 9. AGE (In years lost birthdays Doys Hours Min. Months: Doys Hours Min. Doys Months: Doys Hours Min. Doys	
Rose may	
17. Informant Claridge - above	
APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH  ATE CAUSE LAENNEC'S CIRRHOSIS 30 YRS  OR AS A CONSEQUENCE OF:	•
OR AS A CONSEQUENCE OF:	
20A. AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?	
Y (e.g., in or obout 21C. WHERE DID (If In Boltimore City, give exact location) reet, office bidg., INJURY OCCUR?	
21F. HOW DID INJURY OCCUR?  Of While	
Mar. 19 72 and that In(m) (our) opinion death accurred on the date not) view the bady ofter death.	
Aftending Med. Stuff 23B. DATE SIGNED  23B. DATE SIGNED  3/22/72  23D. ADDRESS	
DEGREE UNIV. DF WD, HESPITAL OF CREMATORY 24D. LOCATION (City, town, or county) (Stote)	
Wen. Ilen Burnie Mit	
1 Sola Istonven when Ine. 90/24 luns	



IMPORTANT	Also, if the direct or contribations	nounced death was in regu	med or final disposition is mo
FUNERAL DIRECTOR: IMPORTANT	this commended may be approved by the commendation examines of his assistant if again occur, the body was released to the hospital by a medical examiner. Also, if the direct or contribe the contribution of any natures (2) Body burne, (3) A fracture of any binders.	was D.O.A. at a hospital (except where the physician who pronounced death was in regul deceased prior to death); and (6) No physician was in regular attendance on the deceased	written approval must be obtained before the remains are embalmed or final disposition is ma

BIRTH NO.	72 0291	6	CERTIFICA	TE OF DEATH	REG. NO	72 (12916
Type or Print) M	ichalak, Helen				AND HOUR OF DEATH	A
	TIMORE MARYLAND, WHERE	PRONOLU	ICED DEAD	3. \	7.72 7:0	OAMI No stitution: residence before admission
	MARIENAD, WATER	FRONOUI	ACED DEAD	A. STATE B. CO	NIX	nstitution: residence before odmission)
FULL NAME OF HOSPITAL OR INSTITUTION	(IF NOT IN HOSPITAL OF ADDRESS OR LOCATION		TION, GIVE STREET	Maryland c. CITY OR TOWN	D. INS	IDE CITY LIMITS?
Baltimor	re City Hospital	S			ORE	YES NO
	stern Avenue			E. STREET AND NUMBER	Dobinson Gi	03.001
		21221			Robinson Str	
Female	Caucasian Wie	OWED 2	DIVORCED	9-21-93	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.
one during most of w	PATION (Give kind of work 10B, It working life, even if retired)	IND OF I	USINESS OR INDUSTRY	11. BIRTHPLACE (State or fo	reign country)	12. CITIZEN OF WHAT COUNTRY
House				Pennsy	vania	U.S.A.
3. FATHER'S NAM				14. MOTHER'S MAIDEN N		
	Michael Marsza	lkiew	icz		Magdelena	. ?
Wos Deceased	Ever in U. S. Armed Forces? (If yes, give war or dates of s	ervice)	6. SOCIAL SECURITY NO.	17. INFORMANT	John Fast	ern Avenue
No			218-05-7307	BCH: RECOR		, Maryland 2122
18. 44 64	4.91		CAUSE OF DEATH		IIS	APPROXIMATE INTERVAL
DISEAS	E OR CONDITION DIRECTL	Y		4) \(\begin{array}{c}\)	11 1	BETWEEN ONSET AND DEATH
	LEADING TO DEATH		(A) IMMEDIATE CAU	se Thombol	abolic along	mon 4 das
heart failure, c	of mean the mode of dyling asthenia, etc. It means the d	sease.	DUE TO, OR AS	CONSEQUENCE OF:	V	
fulnth of count	plication which caused death	נ		, ,		
A	INTECEDENT CAUSES		(B)	Nan		
DISEASES OF	R CONDITIONS, if any, above cause (A) statin	giving	DUE TO, OR AS	A CONSEQUENCE OF:		
UNDERLYING	CONDITION last.	3 1110	(c)			
	11					
TO THE DEATH	CANT CONDITIONS CONTRIBUTED TO THE TERM ON THE TERM ON THE TERM ON THE TERM ON THE TERM ON THE THE TERM ON THE TER	MINAL	******************	***********************************	***********************	***************************************
19A-DATE OF	OPERATION 198 CONDITION	FOR WH	IICH OPERATION	20A. AUTOPST? (Yes or	No. 208, IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED
031	3	06	eding	NO	IN CERTIFIED CA	OSES OF DEATH!
OR CONTRIBUT	T WAS UNDERLYING TING CAUSE OF	home, etc.)	form, foctory, street, off	or about 21C. WHERE DID ice bidg., INJURT OCCURT	(If In Boltimor	e City, give exect focation)
21D.TIME OF INJURY	(Month) (Doyl (Year) (Hou	a 21 E 11	NJURY OCCURRED	21F. HOW DID IN	URT OCCUR?	
(APPROXI		While	At Not While			
22 1 maralfu a	that (1) (this hospital) atte		At Work	3/3	10.00	10
	last sow the deceased all		3/7		19 23 to 3	
				one versions one	that in (mk) (aur) opl	nion death accurred on the date
23A. SIGNATUR	from the causes stated ab	ove. (I) (	(We) (Bid) (did not) w	ew the body after death	•	
	RIL		Atter	ding Med.	Stoff C	23B, DATE SIGNED
22C BHYEICIAA	1 ma		DEGREE Phys.	Director L	Phys.	3 17 /72
23C. PHYSICIAN NAME (Ty)			2	4940 Easte	ern Avenue	
Le	eon Landau, M.D.		DEGREE	Baltimore, Mary	land 2122	),
REMOVAL (Sp	ATION, 248, DATE		LE of CEMETERY or CRE	MATORY 24D.		ly, town, or county! (State)
Burial	3-21-72	Ho	Ly Rosary Cem	etery	Baltimore,	Maryland
SA. DATE REC'D	BY HEALTH DEPT. 258. N	AME OF	REGISTRAR	25C. FUNERAL DIRECTO		ADDRESS
MAD O 4 40	79 00 00 2	2 7	2000	John Q. Dida	2829 Hudeon	St. Balto. Md.2122
5 150-REV. 1/1/61	8/ 84	13		77	1-02/ Hudson	Due Dalto. Ma. 2. 2.2

9-21-93 78 - 22-12-12 settle it with Tallie Profit !

VS 150-REV. 1/1/68

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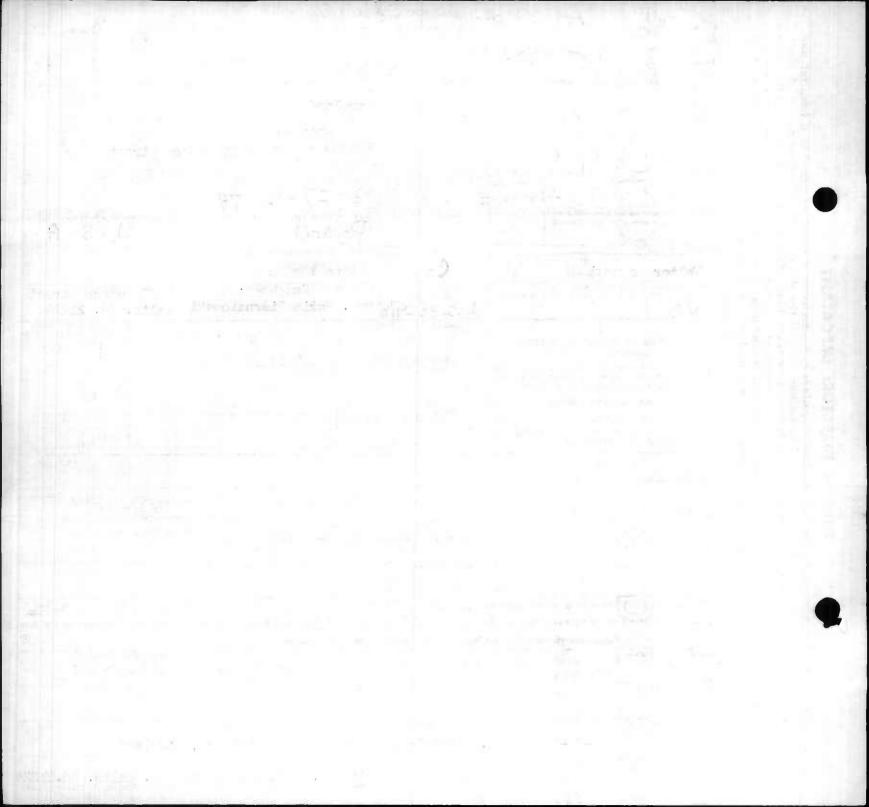
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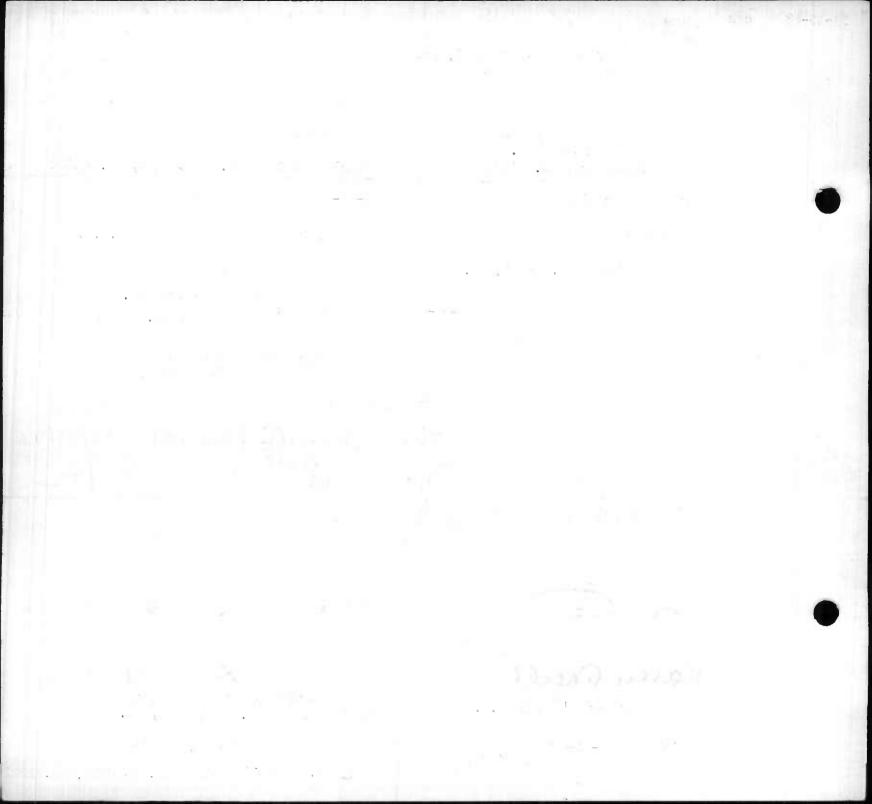
70.00

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

72 02918 BALTIMORE CITY	HEALTH DEPARTMENT	
CERTIFICA	TE OF DEATH REG. NO.	2 (2918
1. NAME OF DECEASED Agnes Kendzejeski (Type of Print) ACT NES KENDZEJES	SKI 2. DATE AND HOUR OF DEATH	1 Pm
3. PLACE IN BALTIMORE, MARTLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, If institution A. STATE  B. COUNTY	: residence before admission)
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	Maryland C. CITY OR TOWN ID. INSIDE CITY	101
Husch Home Hospital	Baltimore D. INSIDE CITY	
100 y Broad Way St.	E. STREET AND NUMBER 2927 Hudson Str 2927 HUNSON SC 212	eet
5. SEX 6. RACE WIDOWED DIVORCED	8. DATE OF BIRTH  03-27-92  9. AGE (in years list birthday)  79  Month	der 1 Ys. II Under 24 His. Days Hours Min.
10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY done during most of working life, even if retired)	11. BIRTHPLACE (State or foreign country) 12. Cl	TIZEN OF WHAT COUNTRY?
Housewife	Polana.	U.S.A.
Walter Bogueki S. BOGUCKI	Anna ?	
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no of unknown) Ut yes, give war or dates of service)  16. SOCIAL SECURITY NO. 2.12.362978		Hudson Street
18.4 / O O I CAUSE OF DEATH		APPROXIMATE INTERVAL BETWEEN ONSET AND GEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	of come who carener	90 minutes
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. it means the disease, injury or complication which caused death.)	CONSEQUENCE OF	- 1
ANTECEDENT CAUSES	. N.D - Hypertension	Many years
DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS	A CONSEQUENCE OF:	- Distriction
UNDERLYING CONDITION last, (C)	H.F.	Many years
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).		00
EDNONE WAS PERFORMED NONE	20A. AUTOPSYTYES OF No. 20B. IF YES, WERE FINDING IN CERTIFYING CAUSES OF	S CONSIDERED F DEATH?
U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in	or about 21C. WHERE DID (II In Boltimare City, gice bldg., INJURY OCCUR?	ive exact location)
DEATH (nofity medical examined) N M Medical etc.)  21D-TIME (Month) (Day) (Year) (Hour)   BUNG 514 HOM DID INJURY OCCURS		
22. I certify that (I) (this hospital) attended the deceased from.	3-19721003-	/X - 1979
that (1) (we) last saw the deceased alive on 03 - 18	ond that in(my) (our) apinion de	ath occurred on the date
and haur and from the causes stated above. (I) (We) (did) (did not) vi		
A James Malls Attended A	ding Med. Staff	-18-72
23C-PHYSICIAN'S NAME (Type)	30 GADRESS huse Haspite	
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREF	MATORY 240. LOCATION (City, town,	or county) (State)
Burial 3-22-72 St. Stanislaus (	Cemetery Baltimore, Maryla	nd
MAR 2.4 1972 Policy P. St. Name of registrar	John J. Duda 2829 Hudson St.	ADDRESS
VS 150-REV. 1/1/68		



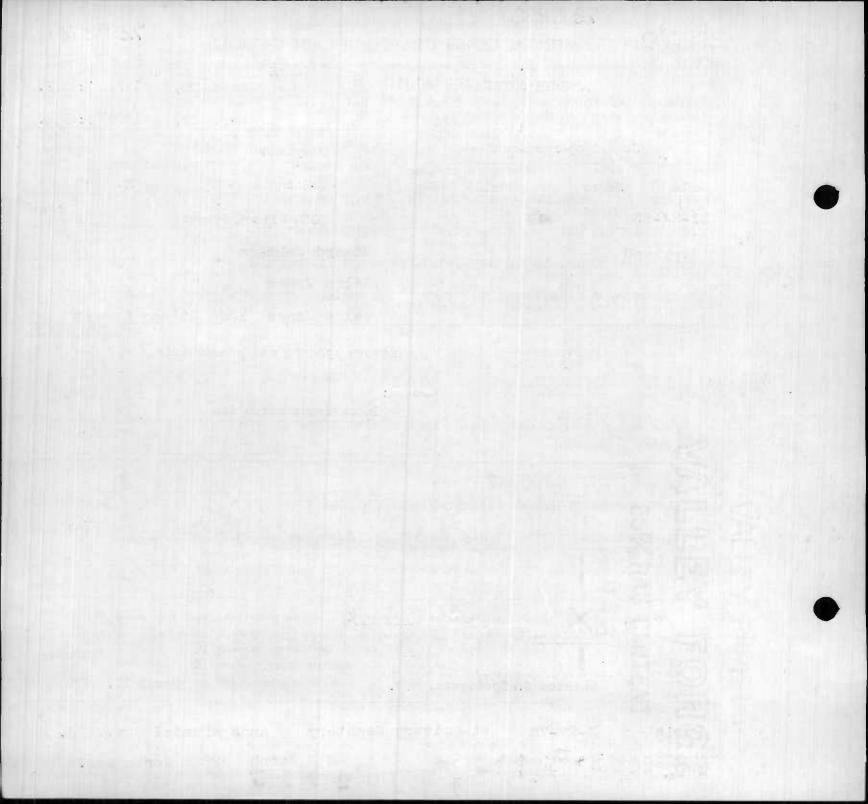
(Ty	RTH NO.			TE OF DEATH	REG. NO	72 02919
L	CHAR CHAR		nmi	2. DATE	ND HOUR OF DEATH	721 (20
3.	PLACE IN BALTIMORE, MAR	YLAND, WHERE PRONO	UNCED DEAD	4. USUAL RESIDENCE (W. A. STATE B. COL	nere deceased lived. If	institution: residence before admis
H	JLL NAME OF (IF NOT I OSPITAL OR ADDRESS ISTITUTION	IN HOSPITAL OR INSTITUTES OR LOCATION)	UTION, GIVE STREET		altimore	SIDE CITY LIMITS?
,		ore City Hesp	itals	Dundalk	J. 114	YES NO A
1		astern Ave.		E. STREET AND NUMBER		
		ore, Md. 2122		7431 Holabir		imore, Md. 21222
	Male Caucas	sian WIDOWED		8. DATE OF SIRTH 1-15-88	9. AGE (in years last birthday) 84	Months Days Hours M
dor	LUSUAL OCCUPATION (Give ne during most of working life, ever Carpenter	kind of work 108, KIND OF in if retired)	BUSINESS OR INDUSTRY	11. SIRTHPLACE (State or to Finland	reign country)	12. CITIZEN OF WHAT COU
13.	FATHER'S NAME			14. MOTHER'S MAIDEN N	AME	
		es O. Lammi,	Sr.		Hanna Kee	ele
	Wos Deceased Ever in U. S., s, no or unknown) (If yes, give v	Armed Ferces? war or dates at service)	16. SOCIAL SECURITY NO. 169-07-8160A	BCH Records:	4940 Easte:	rn Ave. Address
	DISEASE OR CONDI LEADING TO (This does not mean the heart failure, asthenia, etc. injury or camplication which with the condition of the condi	DEATH mode of dying, e.g., If means the disease, ch caused death.) CAUSES DNS, if any, giving tuse (A) stating the	(B) A SC	SE Candona A CONSEQUENCE OF: A CONSEQUENCE OF:	arr	APPROXIMATE INTERVEN ONSET AND E
z	UNDERLYING CONDITION	V last.	Physical Phy	m bosis (1 monia	-) femor	1/27
2	TO THE DEATH BUT NOT REL					
RTIFICATIO	TO THE DEATH BUT NOT REL DISEASE OR CONDITION GIV	EN IN PART 1 (A).  198 CONDITION FOR V WAS PERFORMED		20A. AUTOPSY? (Yes or h	IN CERTIFYING CA	FINDINGS CONSIDERED
CAL CERTIFICATIO	TO THE DEATH BUT NOT REL DISEASE OR CONDITION GIV  19A-DATE OF OPERATION  21A, ACCIDENT WAS UNDE OR CONTRIBUTINO CAUS DEATH (nofily medical examination)	YEN IN PART 1 (A).  198. CONDITION FOR WAS PERFORMED  ERLYING  218. hameled	sis (c) taux			FINDINGS CONSIDERED AUSES OF DEATH?
	TO THE DEATH BUT NOT REL DISEASE OR CONDITION GIV 19-A-DATE OF OPERATION 21-A-ACCIDENT WAS UNDE OR CONTRIBUTINO CAUS DEATH (nofily medical examination of injury (APPROX.)		FLACE OF INJURY (e.g., in e., farm, foctory, street, aff	No or obout 21C. WHERE DID ince bldg. INJURY OCCUR?	(It to Baltimo	
	22. I certify that (I) (this that (I (we) ast saw the and haur and from the car	hospital) attended the	PLACE OF INJURY (e.g., in e., farm, foctory, street, aff  INJURY OCCURRED  At Wark  deceased fram	20A. AUTOPSY? (Yes or No. 1)  In or about 21C. WHERE DID ince bidg., INJURY OCCUR?  21F. HOW DID IN 10 10 10 10 10 10 10 10 10 10 10 10 10	JURY OCCUR?  19 1 to hat In (my) (bur) opi	City, give exact location)
	22. I certify that (I) (this that (I) (we) as saw the and haur and from the case 23A. SIGNATURE	hospital) attended the	PLACE OF INJURY (e.g., in s, farm, foctory, street, aff  INJURY OCCURRED  At Wark  deceased fram  We) (did) did nat) vi	20A. AUTOPSY? (Yes or No. 1)  a or about 21C. WHERE DID incebidg., INJURY OCCUR?  21F. HOW DID IN 19 19 19 19 19 19 19 19 19 19 19 19 19	JURY OCCUR?  19 1 to hat In (my) (bur) opi	City, give exact location)
	22. I ceptify that (i) (this that (ii) (we) ast saw the and haur and from the car 23A. SIGNATURE  23C. PHYSICIAN'S NAME (Type)  Karel	hospital) attended the deceased alive on uses stated above. (1)	PLACE OF INJURY (e.g., in s, farm, loctory, street, aff  INJURY OCCURRED  At Wark  e deceased from  DEGREE  Phys.  D.  DEGREE	20A. AUTOPSY? (Yes or No. No. or about 21C. WHERE DID inceeding. INJURY OCCUR?  21F. HOW DID IN 19 19 19 19 19 19 19 19 19 19 19 19 19	JURY OCCUR?  19 10 hat In(my) (bur) optophys.  Stoff Phys. Save. Baltimo	Inian death occurred an the  23B. DATE SIGNED  23B. DATE SIGNED  21C C C C C C C C C C C C C C C C C C C
	22. I certify that (I) (this that (II) (we) ast saw the and haur and fram the cau 23A. SIGNATURE  23C. PHYSICIAN'S NAME (Type)  BURIAL CREMATION, 248. REMOVAL (Specify)	hospital) attended the deceased alive on uses stated above. (I)  n OSNeill M.  DATE 24C.NA	PLACE OF INJURY (e.g., in s, farm, foctory, street, aff  INJURY OCCURRED  At Wark  e deceased fram  DEGREE Phys.  2	20A. AUTOPSY? (Yes or No. No. No. or obout 21C. WHERE DID ice bidg., INJURY OCCUR?  21f. HOW DID IN 12 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	JURY OCCUR?  19 10 hat In(my) (bur) optophys.  Stoff Phys. Save. Baltimo	Inlan death occurred an the  23R DATE SIGNED  3 9 2  pitals re, Md. 21224  ity, town, or county) (Stol



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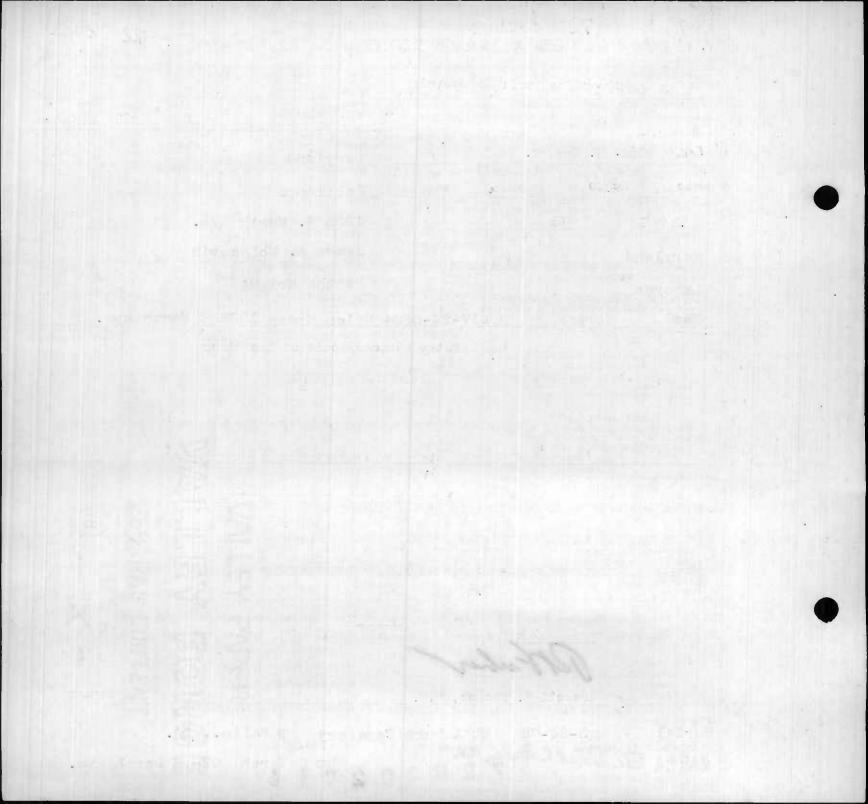
BALTIMORE	CITY	HEALTH	DEPARTMENT	

52C	)	MFD	ICAL		BALTIMORE CITY HE			OF I	DFATI	н		0292	0!
BIRTH NO.		****	T		O CONTINUENCO C	JEI( 111 1	CATE	01 1		REG. NO.			
1. NAME OF DEC	EASED	JOSEP	H JON	ES	(JOHNSON)	2. DATE OF DEATH	Known		Month March	Doy 22.	Yeor 1972	Hour 3:45	P. M
4. PLACE IN BAL	TIMORE, MAR	YLAND, W	HERE PRO	ONO	UNCED DEAD	3. DATE			Month	Doy	Yeor	Hour	M
FULL NAME OF HOSPITAL OR INSTITUTION	(IF NOT	IN HOSPITA	L OR INSTI	TUTIC	N, GIVE STREET		UNCED DEA		March	22,	1972		14
33	Johns H	lopkin	s Hos	pit	al	A. STATE	Maryla			B. COUNTY	n: residence	90	9
6. SEX	7. RACE		B. MARRI	ED [	NEVER MARRIED	C. CITY O	RTOWN			D. INSIDE CI	ITY LIMITS?		
Male	Negro		WIDOW	_			Balton	more		Y	ES 🛣	NO 🗆	
9. DATE OF BIRT		10. AGE (In		If Und	der 1 Yr. If Under 24 Hrs.	E. STREET	AND NUMB	BER					
11-24-5	53		18	MONII	l l l		1324 7	Wilco	ox Str	reet			
11. BIRTHPLACE	State or foreign	country)	1		TIZEN OF	13. FATHER	S'S NAME						
Maryla	nd			W	HAT COUNTRY?	Edwa	rd Jol	hnsc	on				
14A.USUAL OCCU	PATION (Give I		14B. KIND	OF B	USINESS OR INDUSTR	15. MOTH	ER'S MAIDEN	NAM	E				
done during most of	working lite, ever	n if refired)				Zeln	a Jone	03					
16. WAS DECEAS					17. SOCIAL	18. INFOR			100	A	DDRESS		
(Yes, no or unknown	(It yes, give wo	r or dotes	of service)		SECURITY NO.	Zeln	a Jone	es	1324	Wilco	x Str	reet.	
19. 5	49				CAUSE OF DEA			-	1001		A	PPROXIMATE I	
90	7 1				0	1		1			REIV	WEEN ONSET	AND DEAT
DISEAS	LEADING TO		CTLY				nypoxia	and	pneun	nonitis			
(This does r	not mean the m	node of dy	ing, e.g.,		(A)IMMEDIATE O		QUENCE OF:						
	, osthenio, etc. I mplication which				diam let								
						Intras	renous	narc	otism				
	NTECEDENT C OR CONDITIO		GIVING		(B)		OUENCE OF					pro-entirenza entr-esfer selo selo selo selo selo selo selo selo	
RISE TO TH	E ABOVE CAUS	SE (A) STAT	ING THE		502 10, 011		TO CENTER OF						
Z	NG CONDITIO	IN LAST.			(c)								
E CYLLED COO.	UEIGANIT CONT		DA LYBIDILIY	1110									
O THE DE	NIFICANT COND ATH BUT NOT R CONDITION G	ELATED TO	THE TERMI										
20A. DATE O	F OPERATION	20B. CON	NDITION F	ORV	WHICH OPERATION W	AS PERFOR	MED				21. AUTO	OPSY? (Yes	or No)
021												Yes	
22A. EXTER	NAL CAUSE W		[2	22B. P	LACE OF INJURY(e.g.,	in or obout	22C. WHERE	DID (If	in Boltimor	e City, give ex	oct location)		
	OR CONTI		,	home,	form, foctory, street, offic	e bldg., etc.)	INJURY OCC	CUR?					
			) (Hour	) 22	E.INJURY OCCURRED		22F. HOW D	ID INJU	JRY OCCU	JR?			
OF INJURY (APPROX.)						WHILE							
23.				m. w	ORK L AT V	VORK [							-
1 cert	tify that I he	ld on l	nquiry [		Inspection Au	top sy X	ond that	t on thi	s basis,	deoth In my	opinion		
resul	ted from: No	turol con	ees [7]	Α.	cident Suicio		lomicide _	1 11	ndetermin	ned monner	n		
1630,	00 1101111 110	10101 000	-		D.		CHIEF MEDI						
ACTUAL	(10.	10	1.	0	no to	ASS	ISTANT MED			X		DATE SIG	NED
SIGNAT		acos		-1	M.C	),					ah 22	1072	
EXAMIN NAME (	IAbe)	narles	S S. S	pr	ingate, M.D.	ASS	OCIATE MED	ICAL EX	AMINER	□ Mar	ch 23,	19/2	
24A. BURIAL CRE REMOVAL (Spec	MATION, 24	B. DATE	77	240	. NAME of CEMETERY	or CREMAT	ORY	24D. L	OCATION	(City, tow	n, or county	/) (St	ote)
Burial	3	-27-7	72	M	t Calvary	Cemet	ery	An	ne A	rundel	Ctv.	. Md	
2S A. DATE REC'D	BY HEALTH D	_		AME	OF REGISTRAR	2SC.	FUNERAL D	IRECTO	R	1	ADDRESS		
MAR 2	4 1972	Robe.	18.3	hel	en ACD	W	m C Ma	arch	928	8 E No	oth A	lve.	
VS 151-REV. 1/1/6	8		9 20	, S	6. U		7 1	C					

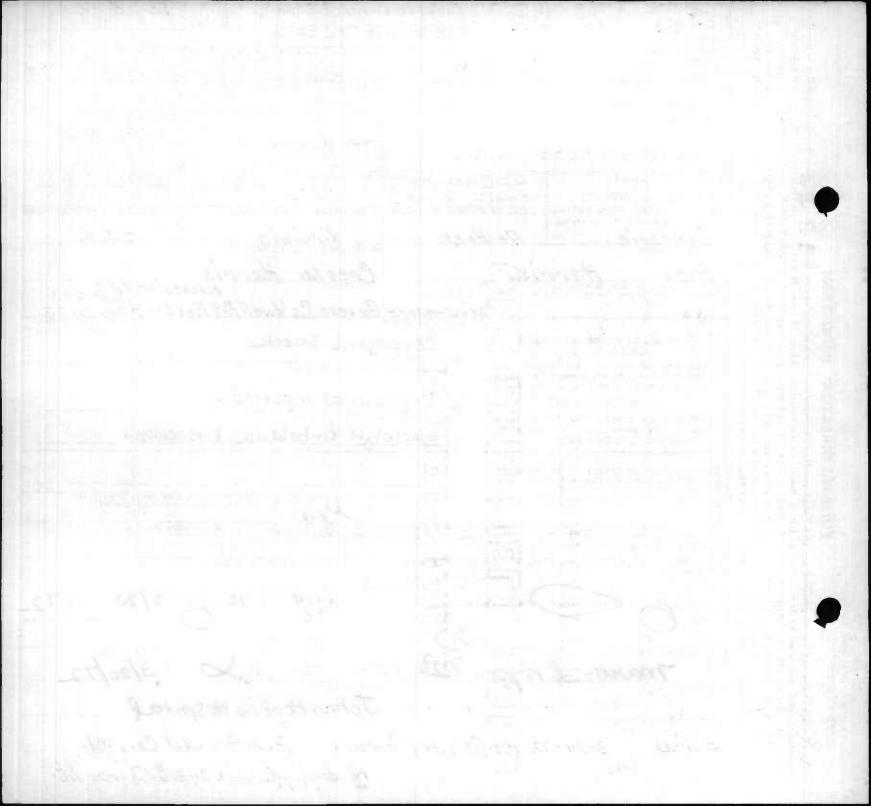


NAME (Type)

3 - 13 - 72



(Type or Print)	ASED		CERTIFICA		AND HOUR OF DEATH	
			1,		3/20/72	9:10 a. ,
S. PLACE IN BALTI FULL NAME OF HOSPITAL OR INSTITUTION	IMORE MARYLAND, W	AL OR INSTITUTION,		Maryland c.ciry or rown Baltimore	D. 1N:	institution: residence before admission 8 06 SIDE CITY LIMITS?
33				E. STREET AND NUMBER		YES K NO
The Joh	hns Hopkin	s Hospital	1		and Avenue	
S. SEX	6. RACE	7- MARRIED NEV	ER MARRIED	8. DATE OF BIRTH	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hrs Months Doys Hours Min.
Fenale	Negro	WIDOWED XX	DIVORCED [	3/15/13	59	Monins Doys Hours Min.
IOA, USUAL OCCUP	PATION (Give kind of work rorking life, even if refired)	108 KIND OF BUSIN	ESS OR INDUSTRY	11. BIRTHPLACE (State or	oreign country)	12 CITIZEN OF WHAT COUNTRY
Λ	1	At Ha	MA	Vincial	. 2	21.5, A.
13. FATHER'S NAM		1777 1101	DIES.	14 MOTHER'S MAIDEN	NAME	1 21/5
01-	Name	10 1 5		Page 1=	Hamis	
15 Wes Deceased	Ever in U. S. Armed For	77/S res?  16.50	CIAL	TO INFORMANT	TASPIS	taINRADDRESS 5/250deN2 204/8 Md. 21/22
(Yes, no or unknown)	Ever in U.S. Anned For Uf yes, give war or date		CURITY NO.	0 01	MIGUNE	5/250deN2)
18.		218-1	25-4920HA	CENEVA CZIA	Well K- 4 Box	2041 Md. 21122
Injury or comp  AI  DISEASES OF	of mean the mode of sethenia, etc. It means plication which caused INTECEDENT CAUSES R CONDITIONS, if	( death.)		a consequence of: andial inja	Metrón	
UNDERLYING  OTHER SIGNIFICATION TO THE DEATH DISEASE OR CO 19A-DATE OF CONTRIBUTION OF CONTRIBUTION	CANT CONDITION I det.  CANT CONDITION S CO I BUT NOT RELATED TO TO TO DIVIDITION GIVEN IN PAR OPERATION 19th CON WAS PER TWO CAUSE OF medical examined	ONTRIBUTING THE TERMINAL RETERMINAL RETERMIN	OPERATION  OF INJURY (a.g., in factory, street, of	20A-AUTOPSY? (Yes or Obov) 21 C WHERE DIE Rice bidg. INJURY OCCUR	No) 208, IF YES, WERIN CERTIFYING C	E FINDINGS CONSIDERED AUSES OF DEATH?
UNDERLYING  OTHER SIGNIFK TO THE DEATH DISEASE OR CO 19A-DATE OF C 21A-ACCIOENT OR CONTRIBUT DEATH (notify r	CONDITION IGEL  CANT CONDITIONS CO BUT NOT RELATED TO TO SHOULD S	ONTRIBUTING THE TERMINAL RETERMINAL RETERMIN	OPERATION  OF INJURY (a.g., in factory, street, of	20A-AUTOPSYT (Yes or obout) 21 C WHERE DID industry occurs	No. 20B IF YES WERI	E FINDINGS CONSIDERED
UNDERLYING  OTHER SIGNIFK TO THE DEATH DISEASE OR CO 19A-DATE OF OR CONTRIBUT DEATH (notify r DEATH (notify r APPROX.)  22. 1 ceptify 1 that (1) (we) 1	chove cause (A) CONDITION last.  CANT CONDITION S CO I BUT NOT RELATED TO TO OPERATION 19th CON WAS PER T WAS UNDERLYING TING CAUSE OF medical examined  (Month) (Doy) (Year)  that (t) (this hospitol last saw the decease from the couses sto RE  OUT THE CONTROL OF THE CONTROL RE OUT THE CONTROL RE OUT THE C	ONTRIBUTING THE TERMINAL RITER TERMINAL RITER TERMINAL RITER TERMINAL RITER TO REPORT	OPERATION  OF INJURY (e.g., i, foctory, street, of IV OCCURRED  Not White At Work  eased from 3/20  Add) (did not) v  Degree Physics	20A AUTOPSYR (Yes or Man or obout) 21 G WHERE DID 19 19 2 ond 19 19 3 19 3 0 ond 1ew the body after dear	No. 208, IF YES, WERIN CERTIFYING C.  (II IN BOILING  INJURY OCCUR?  19 72 to  that In(my) (our)	E FINDINGS CONSIDERED
UNDERLYING  OTHER SIGNIFK TO THE DEATH DISEASE OR CO 19A-DATE OF OR CONTRIBUT OR CONTRIBUT DEATH (notify or 21D. TIME OF INJURY (APPROX.)  22. 1 ceptify that (1) (we) ond hour and 23A. SIGNATUR 23C. PHYSICIAN MAME (Ty)	chove cause (A) CONDITION last.  CANT CONDITION I CO.  1 BUT NOT RELATED TO TO  TWAS UNDERLYING TING CAUSE OF  medical examined  (Month) (Doy) (Year)  that (t) (this hospitol  last saw the decease from the couses sto  RE  1 COULT A  Martha L	ONTRIBUTING THE TERMINAL RT 1 [A]. COTION FOR WHICH PORMED  212 PLACE home, form etc.  (Hous) 212 INJUS While At Work  (I) oftended the decemented above. (I) (We)  Kopper,	OPERATION  OPERATION  OF INJURY (e.g., in factory, street, of the	20A. AUTOPSY? (Yes or Manager of the bidg. INJURY OCCUR  21F. HOW DID  21F. HOW DID  3/19 19 72 ond  1ew the body after dear  19 23D. ADDRESS  Johns Ho	No. 208, IF YES, WERIN CERTIFYING C. (II IN BOILING)  INJURY OCCUR?  19 22 to that In(my) (our) of the	e FINDINGS CONSIDERED AUSES OF DEATH?  ore City, give exact location)  3/20 19/12  plinlon death accurred on the dot



# FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

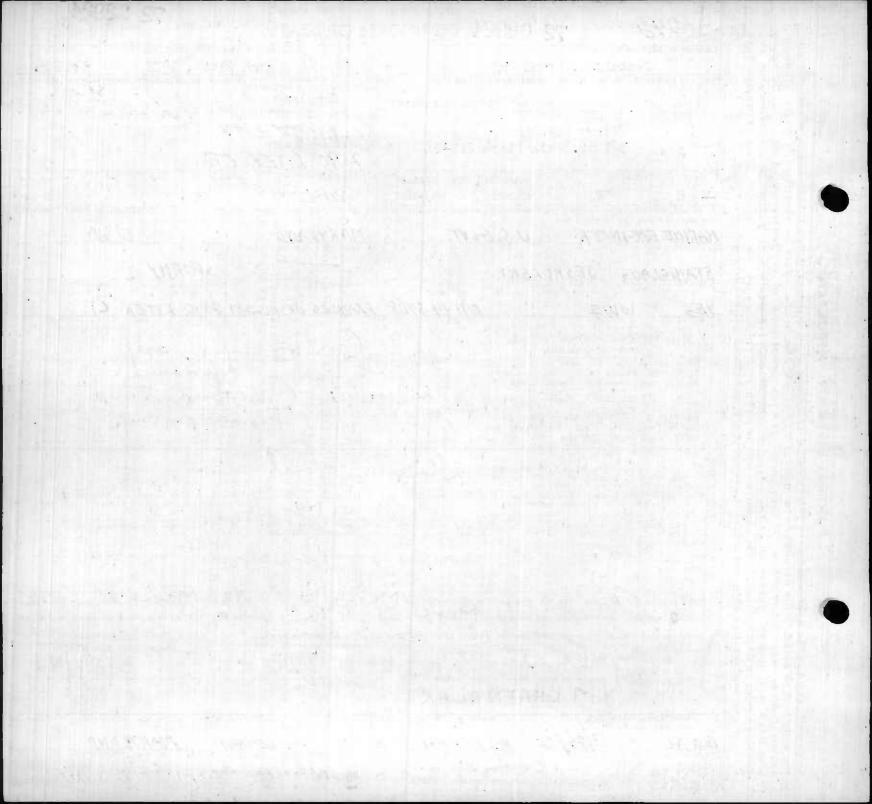
	72	02923
G. NO	16	URURE

15-63	30 72	02923		TE OF DEATH	REG. NO	72 02923 -
I. NAME OF DE		URUZU	CERTIFICA		AND HOUR OF DEAT	
(Type or Print)	BEARD, DALLAS	5			03/21/72	PM
3. PLACE IN BA	ALTIMORE, MARYLAND, 1	WHERE PRONO	UNCED DEAD	4. USUAL RESIDENCE (W	hero deceased lived. If	institution: residence before admission)
FULL NAME O	F (IF NOT IN HOSPI	TAL OR INSTITU	UTION, GIVE STREET	MARYLAND		804
INSTITUTION	ADDRESS OR EOC	AHONI		C. CITY OR TOWN	D. IN	ISIDE CITY LIMITS?
JOHNS H	OPKINS HOSPIT	AL		BALTIMORE E. STREET AND NUMBER		YES NO
33				1312 N.MO		
5. SEX	6. RACE	7- MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs. Months: Doys Hours Min.
MALE	NEGRO	WIDOWED		02/03/13	50	Months Doys Hours Min.
OA, USUAL OCI	CUPATION (Give kind of wor of working life, even if retired)	108 KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or f	oteign countryl	12. CITIZEN OF WHAT COUNTRY
	7	Stee	1 Co.	North Ca	PONIA	71.5. A.
3. FATHER'S NA				14 MOTHER'S MAIDEN N	IAME	
2	Beard, James			JEFFRIES.MAM	IE	
5. Was Decease Yes, no or unknow	nd Ever in U. S. Armed Fo	rces?	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
No				Mrs, Grace L	Board 1210	Manufand Dua
18. / 6	2,11		CAUSE OF DEATH	i	(628101.5720	APPROXIMATE INTERVAL
DISE	ASE OF CONDITION DI LEADING TO DEATH	RECTLY		0	2	BETWEEN ONSET AND DEATH
(This does	not mean the mode of	dvina. e.a.	(A) IMMEDIATE CAU	SE CARDIAC	Hrrest	
heart failure	, asthenia, eic. li means implication which caused	the disease.	DUE TO, OR AS	A CONSEQUENCE OF:		
injuly of co	ANTECEDENT CAUSES		m	4 2 . 2 . 2	in/Kape	24 hours
DISEASES	OR CONDITIONS, If		(B) DUE TO, OR AS	A CONSEQUENCE OF:	JUPAKEI	24 KOUR 3
rise ic i	he above cause (A)	sicting the	CADO	INOMA L	11116-	
UNDERLIIN			(c)			
OTHER SIGN	II IFICANT CONDITIONS CO	NTRIBUTING				
TO THE DEA	ATH BUT NOT RELATED TO T CONDITION GIVEN IN PAI	HE TERMINAL	****************			***************************************
OTHER SIGNI TO THE DEA DISEASE OR 19A-DATE O	OF OPERATION 198 CON	DITION FOR Y	VHICH OPERATION	20A. AUTOPSY? (Yes or	No) 208, IF YES, WERE	FINDINGS CONSIDERED AUSES OF DEATH?
3/2	0/12 CA	RUNOM	4 LUNG			NO DEATH
OR CONTRIB	ENT WAS UNDERLYING	21B	e, larm, loctory, street, of	or about 21C. WHERE DID	(If In Boltim	ore City, give exact location)
0	y medical examined	elc.)				
OF INJURY	(Month) (Day) (Year)		INJURY OCCURRED  Not While	21 F. HOW DID II	NJURY OCCUR?	
(APPROXI		Wor	k LJ Ai Work	'		
22. I certify	y that (1) (this hospita	) attended th	e deceased from 3	118	1922 to S	12/21 1972
	) last saw the decease		3/2/			Inion death accurred an the date
		ted above. (I)	(We) (dld) (did not) vi	ew the bady after death	le .	
23A. SIGNAT	URE 1	V	A		s	23B. DATE SIGNED
C. C	o. Heines	U Y	DEGREE Phys.		Staff Phys.	3/21/12
NAME (	Typel		2	3D. ADDRESS		
	R.E.E.G. HOLM			JOHNS HOPK	INS HOSPITAL	
REMOVAL	EMATION, 24B DATE (Specify)	24C. NA	ME of CEMETERY OF CRE			City, town, or county) (State)
Bunial	3-25-		SULUS MEMORI	al Park Ar	BULUS. M.	20 V/2Nd
DA. DATE REC'S	072 Para E	258. NAME O	P REGISTRAR	25C, FUNERAL DIRECTS		ADDRESS
IAK 24 I	ALC CORPORE C		The same of the sa	Kandolall J.	Tollick 243	16, Olivero Sto

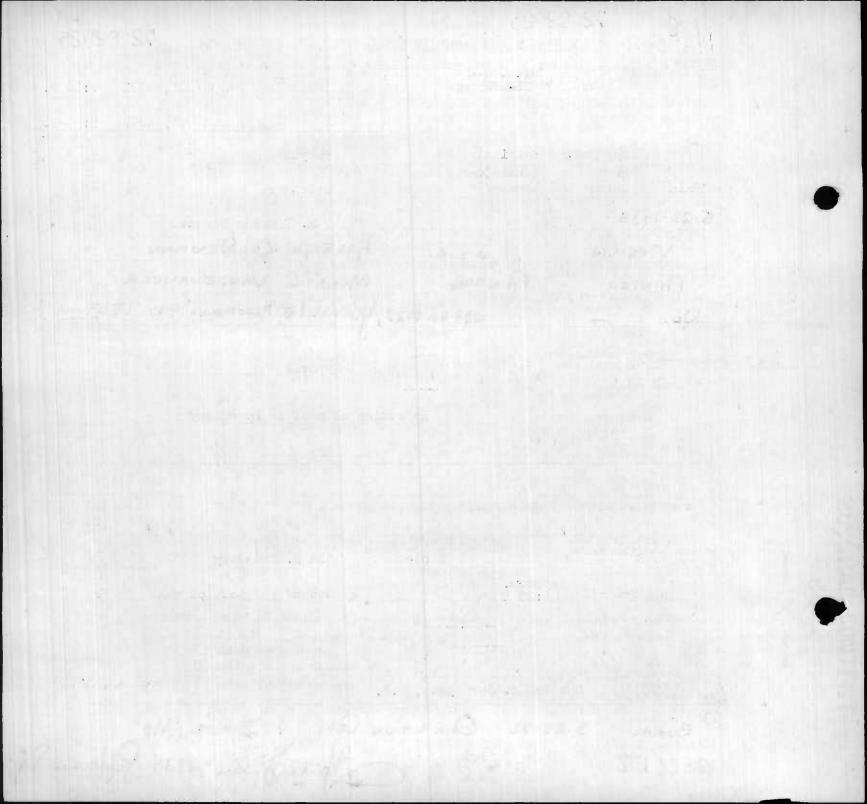
MAK 2.4 51/ VS 150-REV. 1/1/68

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This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.	
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	BALTIMORE CITY	HEALTH DEPARTMENT		72 02924	
J-242 72 0292	4 CERTIFICA	TE OF DEATH	REG. NO	72 02924	
1. NAME OF DECEASED		2. DATE	AND HOUR OF DEATH		
(Type or Print) Jeskulski, Frank W.			rch 21st , 1		5 P. M.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOL		4. USUAL RESIDENCE (W A. STATE 8. COL Maryland		institution: residence before	admission)
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION)  HOSPITAL OR ADDRESS OR LOCATION)	JNON, GIVE STREET	C. CITY OR TOWN	D. IN:	SIDE CITY LIMITS?	
Mercy Hospital		ELLICOTT	CITY	YES NO	
301 St. Paul Place	212 <del>9</del> 2	2590 LITE	R CT.		
5. SEX 6. RACE 7. MARRIED	X NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years lost birthday)	Months: Doys Hours	nder 24 Hrs.
M WIDOWED	DIVORCED	12/6/1900	71	12. CITIZEN OF WHAT	1
done during most of working life, even if retired)	SOZIMEZZ OK IMPOZIKI	II. SIKIMPLACE (Store of to	reign country/	12, CHIZEN OF WHA	COUNTRIE
MARINE ENGINEER U.S. G	-0 VT.	MARYLAND	AME	U.SA,	
				N134	
STANISLAUS JESKULSKI			SPOR		
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dates of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS	
VEC VILLE	001 14 7/108	FRANCES JESKI	1LSKI 2590 1	ITED CT	
18. WW.7	CAUSE OF DEAT	H VENTILES VESKU	12/1 4070 F	APPROXIMATI	EINTERVAL
16001	0.1000 01 00.11			BETWEEN ONSE	T AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		( nedin-	er on him out	1240	
(This does not meen the made of dying, e.g.,	(A) IMMEDIATE CAL		Cespeeda	7	
heart failure, asthenia, etc. II meons the disease,	DUE TO, OK AS	A CONSEQUENCE OF:	Sperit	wel.	
injury ar complication which coused death.)	61				
ANTECEDENT CAUSES	181 Mete	astatic La	rcinoma	100 1100 1100	
DISEASES OR CONDITIONS, if any, giving	DUE TO, OR AS	A CONSEQUENCE OF:	comary is	i lune	
rise to the abave couse (A) stating the			1 -1	1	
UNDERLYING CONDITION last,	(C)		***************************************	(-)	
II II	10	. 1 . 1			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	Hupai	ic feur	wee.		
▼ DISEASE OR CONDITION GIVEN IN PART 1 (A).	<u> </u>				
19A. DATE OF OPERATION 19B. CONDITION FOR WAS PERFORMED	WHICH OPERATION	20 A. AUTOPSY? (Yes or	IN CERTIFYING C	FINDINGS CONSIDERED	)
THE CONTRACTOR OF THE CONTRACT					
U 21A. ACCIDENT WAS UNDERLYING 218.	e, form, foctory, street, o	n or about 21 C. WHERE DID ffice bidg., INJURY OCCUR?	(If in Boltimo	ore City, give exact lacation	n}
21D. TIME (Month) (Doy) (Year) (Hour) 21E.	INJURY OCCURRED	21F. HOW DID I	NJURY OCCUR?		
S OT MOOK!	ite At Not Whil				
(APPROX.)					
22. I certify that (this hospital) attended to	he deceased from	arch 16	19 72 -to MC	arch 21	19 72 ,
that (0) (we) last saw the deceased alive an	March 2	19 72 and	that in (A) (our) or	pinlan death accurred	
and haur and fram the causes stated above.	(We) (did) (did)	riew the body after deat	1.		-
23A. SIGNATURE POM PAGE TAGE	elle	- 10	C. //	23B. DATE SIGNED	Ma
I sould	DEGREE Phy	ending Med. Director	Staff Phys.	3 2	172.
23C. PHYSICIAN'S NAME (Type)		23D. ADDRESS			
NAME (Type) Y.M. DHATN	AGAR !			312	
DAA BURIAL CREATATION DATE	DEGREE	FALA TORY	10547101:	City to the same of the same o	154
24A. BURIAL CREMATION, REMOVAL (Specify) 24B. DATE 24C. N.	AME of CEMETERY of CR	EMAIORT 24D.	LOCATION	City, town, or county)	(State)
2/2-/	V ROSARY PEM	ETERY	INDALK I	MARYLAND	
25A. DATE REC'D BY HEALTH DEPT 258 NAME C	Y ROSARY CEM	25C. FUNERAL DIRECT	OR	ADDRESS	
MAR 2.4 1972 Defens & Jansey		WENER DINE	LN HOME 1-911	ENMANDEDAL IN	15
Will Color		) The property Louis-K	11/1/2 5 3/1/	EDMONDSON />	
VS 150-REV. 1/1/68					



VS 151-REV. 1/1/68



# FUNERAL DIRECTOR: IMPORTANT

Such the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased death was in regular attendance on the This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death, written approval must be obtained before the remains are embalmed or final disposition is made. was D.O.A. at a hospital (except where the physician who pronounced

2 VS 150-REV. 1/1/68

10	1			BALTIMORE CI	TY HEALTH	DEPARTMENT			
	1-435	72	020	26 CERTIFIC	ATE OF	DEATH	REG. NO		
BJR 1. N	TH NO.		ULU	<u>co</u> <u>certific</u>			AND HOUR OF DE	ATU	72 02926
(Ty	e or Printl	Up Iscan	Lero	. H.		AM	204/ 19	1022	15.35 h
3,	PLACE IN BALT	IMORE MARYLAND W			4. USUAL	RESIDENCE (W	here deceased lived	Il institution:	residence before admission)
611	LL NAME OF	WE NOT IN HOSPIT	41 On 1110	Timori other areas	W. SIWIE	yland	UNIY		1610
HC	SPITAL OR			TUTION, GIVE STREET	C, CITY O		10	INSIDE CITY I	IMITS2
1		Provident H	-			imore	5.	YES X	
	39	2600 Libert			E. STREET	AND NUMBER	2011		
	9	Baltimore,	Maryla	nd 21215	3825	Bermon A	ve. B.A	RMAN	
5. 5	EX	6. RACE	7- MARRIEL	NEVER MARRIED	8. DATE O		9. AGE IIn years	If Unde	or 1 Yr. If Under 24 Hrs. Days Hours Min.
	MALE	Negro	WIDOWEL		7/4/	28	4	43	Days Hours Min.
AOI	USUAL OCCU	PATION (Give kind of work orking life, even if retired)	IOB KIND C	F BUSINESS OR INDUST	RY 11. BIRTHE	LACE (State of I	oreign country)	12. CIT	ZEN OF WHAT COUNTRY?
	None	orang me, even a remedy				Maryla	nd	U.	S. A.
13.	FATHER'S NAM	IE 1/1	_	4	14. MOTH	ER'S MAIDEN N			
		(Kaples	NL	elsen	70/	#	to	1.11	
15.	Nas Deceased	Ever in U. S. Armed For	ces?	I & SOCIAL	17. INFORA	MANT	O steep	jui ,	ADDRESS
(1 61	, no of unknown?	(If yes, give wor or dete	s of service)	SECURITY NO.	Mra	Iulia No	lson-Wife		Same
	18. 47 6	F) 36-1		CAUSE OF DEA	6	oulla ne.	18011-WITE		APPROXIMATE INTERVAL
	DISEASI	OR CONDITION DI	ECTIV	0,035 01 05			0 0		BETWEEN ONSET AND DEATH
		EADING TO DEATH	W	(A) IMMEDIATE C	ALICE &	rafelis	mellut	2	
	(This does no	t mean the mode of sthenia, etc. it means	dying, e.g.	01117.70	S A CONSEQU		***************		
	injury or camp	lication which caused	death.)	ie		ASCUL	A		
	A	NTECEDENT CAUSES		(a)		11-00 1		_	
	DISEASES OF	CONDITIONS, if	any, giving	DUE TO, OR	S A CONSEQ	UENCE OF:	·	1	
	rise to the UNDERLYING	above cause (A)	stating the		11	ymale	, cemes.	I vo	tre Acidon
	-	11		(c)					
N	OTHER SIGNIFK	CANT CONDITIONS COI	NTRIBUTING						
ATI	TO THE DEATH	BUT NOT RELATED TO THE	SE TERMINIAL	***********		***************************************			***************************************
CERTIFICATION	19A.DATE OF	OPERATION 198 CON	DITION FOR	WHICH OPERATION	20A. AL	TOPSY? (Yes or	No. 208. IF YES, W	ERE FINDINGS	CONSIDERED
ERT	0						IN CERTIFICO	CAUSES OF	DEATH
1 . 1	OR CONTRIBUT	WAS UNDERLYING	21 hor	B. PLACE OF INJURY le.g. me, form, factory, street,	effice bldg. It	C. WHERE DID	(II In Bol	timere City, glv	e exact location)
CA	DEATH (notify t	medical examined	etc	.)					
ED	OF INJURY	(Month) (Doy) (Year)		E INJURY OCCURRED		F. HOW DID I	NJURY OCCUR?		
2	(APPROX)			hile At Work At Work	ile 🗆				
	22. I certify t	hat (1) (this hospital	) attended	the deceased from 31	8-72		19 to 3	/19/72	10
1 1		ost sow the decease		3/19//9	19	ond			th occurred on the date
				(I) (We) (dld) (did not)				opinion avo	in occorred on the dole
	23A. SLONATUR		Δ		110 1110 00	a) one deon	,	23B, DA1	TE SIGNED
	- W	Lauren In	1 CM		tending	Med.	Staff Phys.		20, 1972
	23C. PHYSICIAN	rs	NUV	DEGREE	23D. ADDRE	Director L	Phys. L3		
	NAME ITY	M-6-M9	RCA	00	f	POV IDA	FLIT 10	57 B	Acto MD
24A	BURIAL CREM	ATION, 248. DATE	124C N	AME OF CEMETERY OF C	REMATORY		LOCATION		a country (Section
	REMOVAL ISP	ecify)	1- /	1 / 1	m	11 1	A-	City, town, o	or county) (Sidie)
	105	1 1719 2	170 /	110	1111 -11	Uh 101	1 4 77	P	
25A	Baria PATE RECO	V HEALTH DEPT	72 C	Multus 7	Lena,	Ch. 2	allens	in	ADDRESS

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## FUNERAL DIRECTOR: IMPORTANT

the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

m			BALTIMORE CITY	HEALTH DEPARTMENT		EO 0000E
//-3Q( BIRTH NO.	72 (	2927	CERTIFICA	TE OF DEATH	REG. NO	72 02927
1. NAME OF DEC		40		2. DATE A	AND HOUR OF DEATH	
Me	atthews, Isaa		mas	3/19		4:25 P. M.
	LTIMORE, MARYLAND, V			A. STATE B. COU	nere deceased lived. Il i INTY	nstitution: residence before admission)
FULL NAME OF	ADDRESS OR LOC	ATION	TUTION, GIVE STREET	C. CITY OR TOWN	In this	SIDE CITY LIMITS?
NOITUTITZNI	Provident				0. 1140	YES NO
29	2600 Liber	yt Heigh	hts Ave.	E STREET AND NUMBER		
0/	Baltimore,	Maryla	nd 21215	2711 Rosylin	Ave. Rock	4 4)
5. SEX	6. RACE	7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	If Under 1 Ye. II Under 24 Hrs. Months Days Hours Min.
Male	Black	WIDOWED	DIVORCED [	09/15/86 78	lost birthdoyl	
	:UPATION (Give kind of working life, even if reffred)	FIOR KIND O	F BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or lo	teign Country)	12. CITIZEN OF WHAT COUNTRY?
None	worming may over a temperay			Baltimore		U. S. A.
13. FATHER'S NA	ME		/	14 MOTHER'S MAIDEN N	AME	7 00 00 220
	Benjam	in 7	Natthews	Yex	now	
15. Was Deceased (Yes, no or Unknown	Ever in U. S. Anned Fo	rces? es of service)	SECURITY NO.	17. INFORMANT		ADDRESS
			217-07-2237	Barbara Martn	z-Daughter	Same APPROXIMATE INTERVAL
18. 4.2	7,21		CAUSE OF DEAT	15		BETWEEN ONSET AND DEATH
/ DISEA	SE OR CONDITION DE			1 1	1 -	-
(This does	not mean the mode of		(A) IMMEDIATE CAL	A CONSEQUENCE OF:	Mury	
heart failure,	, asthenia, etc. It means	the disease	b But 10, OK AS	A CONSEQUENCE OF	•	
	mplication which caused		0	` ~	Λ	+
	ANTECEDENT CAUSES		(8)	punton	unes	1
	OR CONDITIONS, if above cause (A)			A CONSEQUENCE OF:	h	
	G CONDITION lost	aroung inc	10 45 -	enem pld	( 1	
	11		V	/		
OTHER SIGNI	FICANT CONDITIONS CO	NTRIBUTING				
TO THE DEA	TH BUT NOT RELATED TO TO TO TO THE PARTY OF	RT 1 (A).				
OTHER SIGNI TO THE DEA DISEASE OR C	P OPERATION 198 CONWAS PEI	NOTION FOR	WHICH OPERATION	20A-AUTOPSY? (Yes or	No. 208, IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH?
OF CONTRIB	INT WAS UNDERLYING	21 ho	me, form, foctory, street, o	in or about 21C, WHERE DID	(II In Boltimo	ore City, give exect location)
DEATH (notify	y medical examined	etc				
OF INJURY	(Month) (Day) (Yead	(Houd 21)	E INJURY OCCURRED	21F. HOW DID II	NIURY OCCUR?	
E (APPROX)			hile At   Not Whi			
00.1					70	30
22.   certity	y that (i) (this hospita	ii) attended	the deceased from 3/1 3/19/72	9/ /2	_1910_ <u>3/19</u>	72 19
						inion death occurred on the date
		oted obove.	(I)/(We) (did) (did not)	view the body after death	10	
23A. SIGNAT	URE		123			23 B. DATE SIGNED
11	such la	ch, 1	h M. D. AH	ending Med. Director	Staff Phys. 15	Mar. 20, 1972
23C. PHYSICI	AN'S Tygel	1	VEGREE	23D. ADDRESS		
	/	/		2600 141	ad about	
24A. BURIAL CRI	EMATION, 248 DATE	24C.1	AME of CEMETERY of CR	2600 Liberty H	LOCATION (C	City, town, or county) (State)
REMOVAL	10/10/	79 //	Mit in	.01 1	ant.	mil.
25A. DATE LEC'I		258 NAME	OF REGISTRAR	25G FUNERAL DIRECT	allenge	ADDRESS
MAR	24 1972 066	18,3	BERME O	Merioste	Mulle	iv 17211. Mouse;
VS 150-REV. 1/1.	/68	5		4 6	The state of the s	

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Such and death Deceased 0 hospital death. of attendance (5) cause cause; 0 0 prior contributing occurred etermined is made. regular deceased death 2 disposition 10 (4) Und MOS the direct 41 death 0 kind; final nce any T attenda 0 pronounce Also, embalmed o fracture examiner gular examiner. who 10 are 4 3 physician the chief medical remains medical Mas burns; physician the Body the 0 before by 3 where to the hospital °Z any nature; 9 approved (except

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death)

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he body was released

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BALTIMORE CITY HEALTH DEPARTMENT 72 02928 CERTIFICATE OF DEATH I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Printt ORDAN 4. USUAL RESIDENCE (Where deceased lived, If institution: rasidence before A. STATE B. COUNTY MARYLAND 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) C. CITY OR TOWN D. INSIDE CITY LIMITS? Hopkins Hospital YES X NOF E. STREET AND NUMBER SIEGWART LANE 5. SEX 6. RACE 8. DATE OF BIRTH 9. AGE (In years 7- MARRIED NEVER MARRIED Months DOS Hours If Under 24 Hrs. Hours i Min. last birthdoy WIDOWED DIVORCED 10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or larging country) 12. CITIZEN OF WHAT COUNTRY? dane during mast of working life, even if retired) 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ROBERT LEWIS RENA JORDAN 15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown! (If yes, give wer or dates of service) 6. SOCIAL 17. INFORMANT ADDRESS SECURITY NO. CAUSE OF DEATH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) IMMEDIATE CAUSE (This does not meen the mode of dying, e.g., DUE TO, OR AS A CONSEQUENCE heart foilure, asthenio, etc. It means the disease, injury ar complication which caused deoth.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, il any, giving rise to the above cause (A) stating the UNDERLYING CONDITION IOSL 11 CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 20 A. AUTOPSY? (Yes or No) 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? WAS PERFORMED YES OR CONTRIBUTING CAUSE OF 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID homo, form, loctory, street, office bldg., INJURY OCCUR? (If In Boltimore City, give exact location) MEDICAL DEATH (notify medical examined 21D. TIME (Month) (Doy) (Year) (Houd) 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY Not While While At (APPROXI Work At Work 22. I certify that 😈 (this hospital) attended the deceased, from 23 that (1) last saw the deceased alive an and that in (my) ( apinian death accurred on the date and have and from the causes stated above. (1) ( (did) (did) view the body after death. 23A. SIGNATURE 23 B. DATE SIGNED Attending Med. Director \_ ciolo Phys. 23C. PHYSICIAN'S 23D. ADDRESS NAME (Type) The Johns Hopkins Hospital 24A. BURIAL CREMATION, 24B. DATE 24C. NAME OF CEMETERY OF CREMATORY LOCATION (City, town, or county) (Stotel -EUNERAL DIRECTOR ADDRES

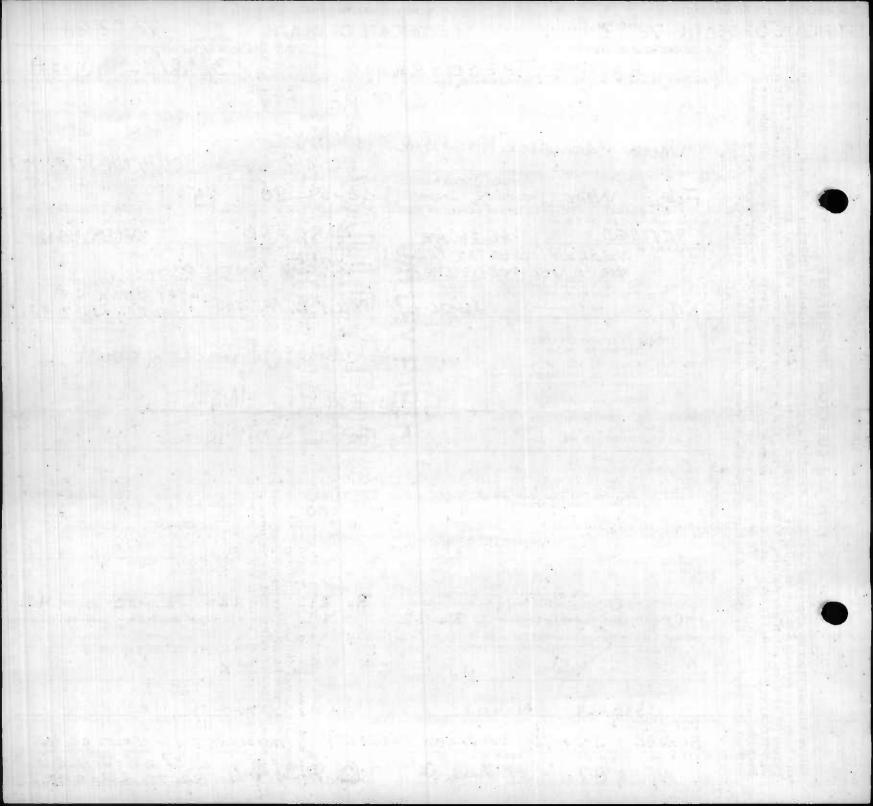
obtained must approval 2 VS 150-REV. 1/1/68

BALTIMORE CITY HEALTH DEPART	RTME
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## CERTIFICATE OF DEATH

REG. I	NO	70	000	20
		1	The L	6 . 1

11RTH NO. 72 0292	9	CERTIFICA	TE OF DEATH	REG. NO	72 02929
NAME OF DECEASED	/V T.	VE 01	2. DATE AN	D HOUR OF DEATH	IMA WILL
B. PLACE IN BALTIMORE MARYL	AND, WHERE PRO	NOUNCED DEAD	4. USUAL RESIDENCE (When	e deceased lived. If in	stitution: residence before admission)
			A. STATE B. COUN	TY	2605
HOSPITAL OR ADDRESS (	HOSPITAL OR IN	STITUTION, GIVE STREET	C. CITY OR TOWN	In INC	IDE CITY LIMITS?
NSTITUTION		11 .16. 0	Baltimore	D. 1143	YES NO
+ Union Mes	mercal	. Hospital	E. STREET AND NUMBER		110
01100			PEC-SOLOGY	12 much 6909	BANK ST. #21224
SEX 6. RACE	7. MARE	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs. Months: Doys Hours Min.
FEMALE WHI	TE WIDON	VED DIVORCED	10-07-80	85	
A. USUAL OCCUPATION (Give kin		OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stole or forei	gn country)	12. CITIZEN OF WHAT COUNTRY?
RETIRED		AT HOME.	MARYLAN	D	AMERICAN
FATHER'S NAME WESL		BSTER PARSONS			Leb Dict Cheld
		NECESTER	I WILL A	MOTOR	nat
. Was Deceased Ever in U. S. A		1 6. SOCIAL	17. INFORMANT	NDERS	ADDRESS
es, no or unknown) (If yes, give wo	or or dotes of servi	ce) SECURITY NO.	PHILIP W. PAK	SAN 5 690	9 BANK ST.
NO I		213-26-4398		30N3 B1	ALTO, 21224, MO.
18.410191		CAUSE OF DEAT	H		BETWEEN ONSET AND DEATH
DISEASE OR CONDIT			Cardia M.	11:401	
(This does not mean the n	nade of dying,		A CONSEQUENCE OF:	surace	y quasi-
heart lailure, asthenia, etc. I injury ar complication which		ase,			
ANTECEDENT (		M	ascun	- Angru	
DISEASES OR CONDITION	NS, il any, gi	ving DUE TO, OR AS	A CONSEQUENCE OF:	- 11116	
rise to the above caus		the Ao.	dosis - Az	stemia	NOT THE RESERVE
UNDERLYING CONDITION	lasi,	(c)	0020	grama a	
OTHER SIGNIFICANT CONDITION	NS CONTRIBITI	NG			
TO THE DEATH BUT NOT RELA	TED TO THE TERMIN				***************************************
	9B. CONDITION F	OR WHICH OPERATION	20A. AUTOPSY? (Yes or No		FINDINGS CONSIDERED
19A. DATE OF OPERATION	VAS PERFORMED		no	IN CERTIFYING CA	USES OF DEATH?
21 A. ACCIDENT WAS UNDER OR CONTRIBUTING CAUSE	LYING	21B. PLACE OF INJURY (e.g., home, form, factory, street, a	in or obout 21C. WHERE DID	(If in Boltimo	re City, give exact lacotion)
DEATH (notify medical examina	er)	etc.)	ince siege, in John Occor.		
21 D. TIME (Month) (Day)	(Year) (Hour)	21E, INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
OF INJURY (APPROX.)		While At Not While Work At Work			
22 1				1972 10 3	22 19 42
22. I certify that (1) (this i					
that (1) (we) lost sow the				of In(my) (our) opi	nion deoth occurred on the date
and hour and from the caus	ses stated abov	e. (I) (We) (did) (did not)	view the body ofter death.		Jose Barr signific
23A. SIGNATURE	1	AH	ending Med.	Shall Ed	23B. DATE SIGNED
	Salver	M. DEGREE Phy	s. Director	Stoff Phys.	
23C.PHYSICIAN'S NAME (Type)			23D. ADDRESS		
Ghassi	ou No	had gegree	Voisa Her	so'n ou	Halfulial
AA. BURIAL CREMATION, 24B. E	DATE 24	C. NAME of CEMETERY OF CR	EMATORY 24D. L	OCATION (C	ity, town, or county) (Stote)
BURIAL 3-	24-72 1	VOODLAWN CEN	HETERY WOO	DLAWAL DRILL	IE, BALTO.CO, HD.
SA. DATE REC'D BY HEALTH DE	PT.   258. NA	ME OF REGISTRAR	25C. FUNERAL DIRECTOR		EASTERN AUE.
MAR 9 A 1072	PR. BE	Jaben, MD.	0 28 20 21 3	Jeilen 6224	TO 21224 MD.
- WILL			- MANUAL TONE	WI GIL	I UI DE PROTIFILI,



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and eath ased the Such		TH NO.				CERTIF	ICAT	E OF	DEATH	1,7	REG. NO.
deat deat ease n th		AME OF DECEASED					9+		2. DATE	AND HO	OUR OF DEA
	3.	PLACE IN BALTIMORE,	mell, Wi			D DEAD	114	TESTIAL	PESIDENCE	20/72	2 at 4:
spita of of orce orce eath.			MARIEAND, III	HERE FRE	MODINCE	DEAD	A		RESIDENCE (		
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声の音手	9	900 S. Cator	Ave 212	55 <b>3</b>	Cy no	OM	E		AND NUMBE	R	
								421	l Kensin	gton	Rd.
ntributi rmined egular ased pr	S. S	EX 6. RACE		7. MARR	ED X N	EVER MARRIE	ED   8.	DATE O		IQ AG	E (In yoors
occur ontrib ermin regule eased is mad			uc.	WIDOW		DIVORCE	D X	XXXX	1 /21/19/	7	55 54
00 - 0 -	10A	. USUAL OCCUPATION during most of working life	(Give kind of work	IOB, KIND	OF BUS	NESS OR INC	USTRY 11.	BIRTH!	LACE (Stole or	foreign co	untry)
or nide de		rincipal Ele		Schoo	7			Ma	ryland		
D O O O		FATHER'S NAME			=		14.	MOTH	ER'S MAIDEN	NAME	
direct or c direct or c l; (4) Undet th was in on the dec disposition		Wm.	C. McConn	e11				Augu	sta McNe	eave	
70 70 70	IS. Yes	Wos Deceased Ever in	U. S. Armed Forc	os?	1 6.	OCIAL ECURITY NO.	17.	INFOR	AANT MI	cs.	
sister the kin deadea	WW	11	•		219	9-07- 3	042   E	Betty	McConne	e11	4211 K
		18. 4/10/1	1			CAUSE OF	DEATH				
N . D U F		DISEASE OR C	ONDITION DIR	ECTLY		Bo	cli	Siz	n of Ce	a	1
Also, Also, noun atter		(This does not mean	G TO DEATH	dvina		(A) IMMEDIA	TE CAUSE		600	ne ne	ry px
		heart failure, asthenia injury or complication	, elc. Il meons	the disea	se,	DUE 10,	OR AS A C	ONSEQU	ENCE OF:		
iner. ractu pro ular mbal			DENT CAUSES	aeam./							
examiner.  Xaminer.  A fractu  who pro  n regular  are emba		DISEASES OR CON		ny, giv	inc	DUE TO,	OR AS A	CONSEO	HENCE OF		
- B (2) - L		rise to the above UNDERLYING COND	cause (A)								
B_ B E		UNDERLING COND				(c)					
medical medical burns; physicio an was	Z	OTHER SIGNIFICANT CO	II ONDITIONS CON	TRIBUTIN	IG						
t m m m m m m m m m m m m m m m m m m m	ATI	TO THE DEATH BUT NO DISEASE OR CONDITION	TRELATED TO TH	E TERMIN	AL	***********			**		
by a med 2) Body but the phyphysician by physician	ERTIFICATION	19A. DATE OF OPERATI		ITION FO	R WHICE	OPERATION	1	20A. AL	TOPSY7 (Yos or		IF YES, WEI
by By By By By By By By By By By By By By	CER	21A. ACCIDENT WAS	IINDERI YING		21 P DI AC	E OF INITION	//a = 3= a=	<u> </u>	C. WHERE DIE		
tai by by: (2) B here there the before	11 . 1	OR CONTRIBUTING DEATH (notify medical	CAUSE OF	I	home, for	m, foctory, st	reet, office	bldg., if	JURY OCCUR	?	(If in Boltin
roved by the hospital in nature; (3 xcept where the stand (6) No parained betained b	1121	THE PERSON NAMED IN COLUMN 1	(Doyl (Year)			RY OCCURR			F. HOW DID	attities e	0.01100
hospi natur cept w id (6) I	ME.	OF INJURY (APPROX.)	1-0/1	1	While At		ot While	٦ ا	III NOW DID	INJURI C	CCOR:
he he hay ny			4.10.10.10.10		Work		Work L				
D + E 0 0		22. I certify that (I)								19	ta
	11 1	that (I) (we) lost so									my) (our) o
eased to ident of hospital o death)		and hour ond from the	e causes state	d above	. (1) (We	) (q1q) (q1q	not) view	the bo	dy after deat	h.	
eleased to ccident of a hospita to death at must be		07.5	1100				Attendir	19 M	Med.	Stoff	4
T a d		23C.PHYSICIAN'S NAME (Type)				DEGRE		ADDRE	Director L	Phys.	
was re An ac L at a prior		NAME (Type)									
	24A	BURIAL CREMATION,	24B, DATE	24C	.NAME	CEMETERY	OF CREMA	TORY	1240	LOCATI	ON
certinopody 7s: (1 D.O. ased		BURIAL CREMATION, REMOVAL (Specify) Burial	3-24-19			n Park			1		AVe.
This certified body shows: (1) was D.O. deceased written a	1	DATE REC'D SY HEAL			E OF REC			-	NERAL DIRECT		
This the bashow was dece writt		MAR 2 / 197	2 Robert	8 3	Bez	MED O	0 (	Hubb	ard Fune	ral I	Home IN
	I VS	150-REV. 1/1/68	B 45 C - 5					-			

50p.m. M.
If institution: residence before admission NSIDE CITY LIMITS? YES 🗌 NO K If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min. 12. CITIZEN OF WHAT COUNTRY? U.S.A. ADDRESS ensington Rd. 21229 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH RE FINDINGS CONSIDERED CAUSES OF DEATH? nore City, give exoct location) .19. opinian death occurred an the dote 238 DATE SIGNED (City, town, or county) (Stotel Baltimore, MD. 21229 ADDRESS c. 4107 Wilkens AVe.

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И	BIRTH NO.

111-	72 029	31 BALTIMORE CITT HE			ICA	02931
BIRTH NO.	MEDICA	EXAMINER'S	ERTIFICATE	OF DEATH	REG. NO	
1. NAME OF DECEASED	E		2. DATE Known	Month	Day	feor Hour
	KENNETH		DEATH Estimoted			٨
4. PLACE IN BALTIMORE, I			3. DATE PRONOUNCED DEA	Month		feor Haur
	NOT IN HOSPITAL OR INS PRESS OR LOCATION)	SINOTION, GIVE STREET	5. USUAL RESIDENCE	Where deceosed lived	. If institution: resid	972 10 a , dence before admission)
00 8 N. Howar	rd St. Room	510	A. STATE Md.	В.	COUNTY	401
6. SEX 7. RACE	SEPR		C. CITY OR TOWN	D	INSIDE CITY LIF	AITS?
male wh:	ite WIDON		Ba1	to.	YES X	No 🗆
9. DATE OF BIRTH	10. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs. Months, Doys, Hours, Min.	E. STREET AND NUMB	ER		
1-7-12	60	Months   Doys   Hours   Min.	8 N. Howard	St. Room	510	
11. BIRTHPLACE (State or for CANA		WHAT COUNTY?	13. FATHER'S NAME WILLIAM R.	ROBERTS		
		OF BUSINESS OR INDUSTRY				
ASSIT • MGR.	even if retired)	EL (New Howard)	VIOLET SE			
16. WAS DECEASED EVER I	N U.S. ARMED FORCE e war or dates of service	5? 17. SOCIAL SECURITY NO.	18. INFORMANT		ADDRE	04-
NO			Lorraine Cli	fford 213	E. 2nd.	11-11 20
19.4/02,4		CAUSE OF DEA				APPROXIMATE INTERVAL
DISEASE OR CON	NDITION DIRECTLY	Arterioscle	rotic cardiov	ascular dis	ease	
	TO DEATH	(A)IMMEDIATE C				
heart failure, osthenia,	he mode of dying, e.g., etc. It means the disease,	DUE TO, OR A	AS A CONSEQUENCE OF:			
injury ar camplication w	men caused decim.)					
ANTECEDEN		(B)	AS A CONSEQUENCE OF	·		
RISE TO THE ABOVE (	ITIONS, IF ANY, GIVING		AS A CONSEQUENCE OF			
UNDERLYING COND	DITION LAST.	(c)	************			
OTHER SIGNIFICANT C	II ONDITIONS CONTRIBU	TING				
O THE DEATH BUT N	OT RELATED TO THE TERM ON GIVEN IN PART 1 (A)	AINAL		~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~		
20A. DATE OF OPERATI		FOR WHICH OPERATION WA	AS PERFORMED		21.	AUTOPSY? (Yes ar Na)
ਹ						yes
22A. EXTERNAL CAUS		22B. PLACE OF INJURY (e.g.,	in or about 22C. WHERE	DID (If in Boltimore C	City, give exact loca	J
UNDERLYING OR CO		home, farm, foctory, street, office	blag., etc.) INJURY OCC	.UK?		
DE INJURY (Manth)	(Day) (Yeor) (Hou	r) 22E.INJURY OCCURRED	22F. HOW D	ID INJURY OCCUR?		
(APPROX.)		m. WHILE AT NOT	WHILE ORK			
23.		7 0				
	held on Inquiry			on this bosis, de	oth in my opin	ion
resulted from:	Notural causes	Accident Suicid		Undetermined	1	
ACTUAL	Del .	1.		CAL EXAMINER		DATE SIGNED
SIGNATURE	0010 M	M.D			1	
EXAMINER'S NAME (Type)	Russell S. F	isher, M.D.	ASSOCIATE MED	CAL EXAMINER		3-20-72
24A. BURIAL CREMATION,	24B. DATE	24C. NAME of CEMETERY	or CREMATORY	24D. LOCATION	(City, tawn, ar o	
REMOVAL (Specify) BURIAL	3-25-72	ST. PETERS CI	EM.	OSWEGO, N		
25A. DATE REC'D BY HEALT	1	NAME OF REGISTRAR	25C. FUNERAL D		ADDRE	SS
40000	00002	0		HUBBARD 41		

STATE OF THE PROPERTY OF THE P TOTAL VALLEY - CONTENT OF THE PROPERTY OF THE PARTY OF TH AN TELL TO CARD STOLE

was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the

24

VS 150-REV. 1/1/68

1972

	Pe or Printl		I. JOHN	JOSEPH	. 7	2. DATE AN	CH 22, 19	Н	2 02932 4:00A.
3.	PLACE IN BA	LTIMORE, MARYLAND, W			4. USUAL RES		ere deceased fived. If		sidence before admiss
FU	ILL NAME OF	(IF NOT IN HOSPIT	AL OR INSTITU	JION, GIVE STREET	MARYL		BALTI	MORE	21227
IN	STITUTION	ADDRESS OR LOCA	ATIONI		C. CITY OR TO		D. IN	ISIDE CITY LI	
	440		01150 111	0001241	ARBUT			YES	ио 🔀
	70	ST. A	GNES HO	DSPITAL		POPLAR	AVE.	-	530
M	A LE	CAUCASIAN	WIDOWED [		05 28	06	9. AGE (In years last birthdow 5	II Under Months	TY. If Under 24 Days Hours Min
10A	LUSUAL OCC	UPATION (Give kind of work working life, even if refired)	108, KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLAC	CE (State or fare	eign country)	12. CITIZ	EN OF WHAT COUN
9011	is during most or	working me, even a tenned,	PEST C	ONTROL	MARYLA	ND		U	.S.A.
13.	FATHER'S NA	ME			14. MOTHER'S	MAIDEN NA	ME		
J	OHN J.	CAHILL			ELLEN (	COLLIN	S)		
15. (Yes	Was Deceased s, no or unknown	Ever in U. S. Armed For	ces?	16. SOCIAL SECURITY NO.	17. INFORMAN	WILK	ENS AVES	BALT	O., MD . 21
	NO			217129246	ST.AGN	ES HOS	PITAL REC	ORDS-	CATON &
	heort faiture, injury or cor	LEADING TO DEATH not mean the mode of esthenia, etc. It means nplicolian which coused ANTECEDENT CAUSES OR CONDITIONS, if	the disease, death.)	(B) Acc	A CONSEQUENC	yocn	arrest		n
	heart failure, injury or cor DISEASES (nise to the	not mean the mode of asthenia, etc., it means application which coused ANTECEDENT CAUSES	the disease, death.)	(B) DUE TO, OR AS	A CONSEQUENCE	YOCAL SICE OF:	dial 12f		~
ATION	DISEASES  nise to the UNDERLYIN  OTHER SIGNIT TO THE DEAL DISEASE OR CO	not mean the mode of asthenia, etc. It means nplicolian which coused ANTECEDENT CAUSES OR CONDITIONS, if e obove couse (A) G CONDITION last.	the disease, death.)  any, giving stating the stating the TRIBUTING HE TERMINAL T 1 (A).	(B) DUE TO, OR AS  (C)	a consequent	SE OF:  System   dial inf	messo		
ENTIFICATION	DISEASES  nise to th  UNDERLYIN  OTHER SIGNII  TO THE DEAL  DISEASE OR C	not mean the mode of asthenia, etc. It means noticolian which coused ANTECEDENT CAUSES OR CONDITIONS, if e obove couse (A) G CONDITION last.  II FICANT CONDITIONS CO TH BUT NOT RELATED TO TO TO TO TO TO TO TO TO TO TO TO TO	any, giving stoling the MTRIBUTING HE TERMINAL T 1 (A). DITION FOR WORMED	(B) DUE TO, OR AS  (C)	a consequent	YOCAL SICE OF:	dial inf	e FINDINGS	CONSIDERED
CAL CERTIF	DISEASES (ise to the UNDERLYIN  OTHER SIGNITO THE DEAD DISEASE OF COMPANY OF CONTRIBUTED OF CONT	not mean the mode of asthenia, etc. it means nplicolian which coused ANTECEDENT CAUSES OR CONDITIONS, if e obove couse (A) G CONDITION last.	any, giving stoling the MTRIBUTING HE TERMINAL T 1 (A). DITION FOR WORMED	(B) DUE TO, OR AS  (C)	A CONSEQUENCE A CONSEQUENCE POLICE PO	CE OF:  Syc or No.  PSY? (Yes or No.)  WHERE DID	celledo  208. IF YES, WERE IN CERTIFYING C.	E FINDINGS AUSES OF D	CONSIDERED
ICAL C	DISEASES (ise to the UNDERLYIN  OTHER SIGNITO THE DEAD DISEASE OF COMPANY OF CONTRIBUTED OF CONT	not mean the mode of asthenia, etc. it means noticolian which coused ANTECEDENT CAUSES OR CONDITIONS, if e obove couse (A) G CONDITION last.	any, giving stating the MTRIBUTING HE TERMINAL TI (A).  DITION FOR WORMED  21E. home etc.)	(B) DUE TO, OR AS  (B) DUE TO, OR AS  (C) VHICH OPERATION  PLACE OF INJURY (e.g., i e., farm, factory, street, old injury occurred le At Not While	A CONSEQUENCE A	CE OF:  SYSTEM OF NOWHERE DID RY OCCUR?	celledo  208. IF YES, WERE IN CERTIFYING C.	E FINDINGS AUSES OF D	CONSIDERED SEATH?
MEDICAL C	DISEASES (nise to the UNDERLYIN  OTHER SIGNIT TO THE DEAD DEATH (notify LAPPROX.)  21 A. A CCIDE OR CONTRIBUTION THE CONTRIBU	not mean the mode of asthenia, etc. it means in picolian which coused ANTECEDENT CAUSES OR CONDITIONS, if e obove couse (A) G CONDITION last.  FICANT CONDITIONS COUSE (A) TO CONDITION GIVEN IN PART OPERATION 1978. CONDITION GIVEN IN PART OPERATION 1978. CONDITION GIVEN IN PART OPERATION 1978. CONDITION GIVEN IN PART OPERATION 1978. CONDITION GIVEN IN PART OPERATION 1978. CONDITION 1978. CONDITION CONDIT	any, giving stating the MTRIBUTING HE TERMINAL TO IT I (A).  CHOUND 21E, Whill Work with the work wi	DUE TO, OR AS  (B)  DUE TO, OR AS  (C)  WHICH OPERATION  PLACE OF INJURY(e.g., in the content of	A CONSEQUENCE  A CONSEQUENCE  20A. AUTOF	CE OF:  YOUNGER OF:  WHERE DID RY OCCUR?	Circl 12 fo MA	E FINDINGS AUSES OF D	CONSIDERED DEATH?  exact lacation)
MEDICAL C	DISEASES  nise to th UNDERLYIN  OTHER SIGNII TO THE DEA DISEASE OR C  19A. DATE OF  21A. ACCIDE OR CONTRIB DEATH (notif)  21D. TIME OF INJURY (APPROX.)  22. I certify that (X) (we)	not mean the mode of asthenia, etc. it means in pricolion which coused ANTECEDENT CAUSES OR CONDITIONS, if e obove couse (A) G CONDITION last.  FICANT CONDITIONS CO THE BUT NOT RELATED TO IN PAR FOREATION 1978. CON WAS FER!  NT WAS UNDERLYING UTING CAUSE OF medicol exominer?  (Manth) (Day) (Year)  that (A) (this hospital last sow the decease	any, giving stating the MTRIBUTING HE TERMINAL TO IT (A).  DITION FOR WORMED  (Hour) 21 E. Whill Work  (Hour) attended the dollve an	PLACE OF INJURY (e.g., i e. farm, factory, sheet of MAN MARCH 22	A CONSEQUENCE  A CONSEQUENCE  20A. AUTOF  21F. H  CH 22  19 72	PSYP (Yes or Now WHERE DID RY OCCUR?	OF THE STATE OF TH	E FINDINGS AUSES OF D	CONSIDERED SEATH?  exact lacation)
MEDICAL C	DISEASES  THE IO THE DEAL DISEASE OF CONTRIBUTE OF INJURY  (APPROXI  21D. TIME  OF INJURY (APPROXI  22. I certify that (X) (we) and haur an	not mean the mode of asthenia, etc. it means in picolical which coused ANTECEDENT CAUSES OR CONDITIONS, if e obove couse (A) G CONDITION last.  FICANT CONDITIONS CONTIBUTIONS CONDITION GIVEN IN PARFORMAN PERIOD OF COMMAN PERIOD (Manth) (Day) (Year)  That (A) (this hospital last sow the decease of fram the causes state	any, giving stating the MTRIBUTING HE TERMINAL TO IT (A).  DITION FOR WORMED  (Hour) 21 E. Whill Work  (Hour) attended the dollve an	PLACE OF INJURY (e.g., i e. farm, factory, sheet of MAN MARCH 22	A CONSEQUENCE  A CONSEQUENCE  20A. AUTOF  21F. H  CH 22  19 72	PSYP (Yes or Now WHERE DID RY OCCUR?	OF THE STATE OF TH	E FINDINGS AUSES OF D ore City, give	CONSIDERED DEATH?  exact lacation)  2 19 7  h occurred on the continuous cont
MEDICAL C	DISEASES  nise to th UNDERLYIN  OTHER SIGNII TO THE DEA DISEASE OR C  19A. DATE OF  21A. ACCIDE OR CONTRIB DEATH (notif)  21D. TIME OF INJURY (APPROX.)  22. I certify that (X) (we)	not mean the mode of asthenia, etc. it means in picolical which coused ANTECEDENT CAUSES OR CONDITIONS, if e obove couse (A) G CONDITION last.  FICANT CONDITIONS CONTIBUTIONS CONDITION GIVEN IN PARFORMAN PERIOD OF COMMAN PERIOD (Manth) (Day) (Year)  That (A) (this hospital last sow the decease of fram the causes state	any, giving stating the MTRIBUTING HE TERMINAL TO IT (A).  DITION FOR WORMED  (Hour) 21 E. Whill Work  (Hour) attended the dollve an	DUE TO, OR AS  (B) DUE TO, OR AS  (C) VHICH OPERATION  PLACE OF INJURY (e.g., i e., farm, factory, street, of the control of t	A CONSEQUENCE  A CONSEQUENCE  20 A. AUTOR  10 July  21 F. H  C L  22 L  19 T  22 L  19 T  21 F. H  C L  22 L  19 T  24 F. H  C L  24 F. H  C L  25 F. H  C L  26 F. H  C L  27 F. H  C L  28 F. H  C L	PSYP (Yes or Now WHERE DID RY OCCUR?	OF LOCURY  OURY OCCURY  19 72 to MA  not in (nw) (our) op	E FINDINGS AUSES OF D	CONSIDERED DEATH?  exact lacation)  2 19 7  h occurred on the continuous cont
MEDICAL C	DISEASES  THE IO THE DEAD  DISEASES  THE IO THE DEAD  DISEASE OR  TO THE DEAD  DISEASE OR  19A. DATE OF  21A. ACCIDE OR CONTRUB  DEATH (noish  21D. TIME  OF INJURY  (APPROX.)  22. I certify  that (X) (we)  and haur an  23A. SIGNATI	not mean the mode of asthenia, etc. it means in pricolical which coused ANTECEDENT CAUSES OR CONDITIONS, if e obove couse (A) G CONDITION last.  FICANT CONDITIONS CO THE BUT NOT RELATED TO TI CONDITION GIVEN IN PAR FOPERATION 198. CON WAS PER!  NT WAS UNDERLYING UTING CAUSE OF medicol exominer?  (Manth) (Day) (Year)  that (A) (this hospital last sow the decease of from the causes statute.	any, giving stating the MTRIBUTING HE TERMINAL TI (A).  DITION FOR WORMED  (Hour) 21E, Whill Work () attended the dollve an interest of the dollve a	DUE TO, OR AS  (B)  DUE TO, OR AS  (C)  VHICH OPERATION  PLACE OF INJURY (e.g., in the continuous of t	A CONSEQUENCE  A CONSEQUENCE  20A. AUTOF  120A. AUTOF  21F. H  RCH 22  19 72  rlew the body  anding []	CE OF:  SYP (Yes or Now WHERE DID RY OCCUR?  HOW DID INJ  and the ofter death.  Med.  Director	OF THE STATE OF TH	E FINDINGS AUSES OF D ore City, give	CONSIDERED DEATH?  exact lacation)  2 19 7  h occurred on the continuous cont
MEDICAL C	DISEASES  THE IO THE DEAL DISEASE OF CONTRIBUTE OF INJURY  (APPROXI  21D. TIME  OF INJURY (APPROXI  22. I certify that (X) (we) and haur an	not mean the mode of asthenia, etc. it means application which coused ANTECEDENT CAUSES OR CONDITIONS, if e above couse (A) G CONDITION last.  FICANT CONDITIONS CONTIBUTE ON THE BUT NOT RELATED TO TO TO TO TO TO TO TO TO TO TO TO TO	any, giving stating the MTRIBUTING HE TERMINAL TI (A). DITION FOR WORMED  (Hour) 21E. Whill Work () attended the dollve an	DUE TO, OR AS  (B) DUE TO, OR AS  (C) VHICH OPERATION  PLACE OF INJURY (e.g., in factory, street, of the farm, factory, street, of the deceased from MA  MARCH 22  (We) (did) MM X(at) v  DEGREE Physics  Attack Physics  Attack Physics  DEGREE Physics  MARCH 22  (We) (did) MM X(at) v  DEGREE Physics  DEG	A CONSEQUENCE  A CONSEQUENCE  A CONSEQUENCE  20 A. AUTOR  21 F. H  Carrier Bidg. INJUI  22 F. H  Carrier Bidg. Injui  23 F. A G  Carrier Bidg. Injui  Carrie	WHERE DID RY OCCUR? HOW DID INJ  and the ofter deoth.  BALTIM NES HO	OF LOCURY  OURY OCCURY  19 72 to MA  not in (nw) (our) op	E FINDINGS AUSES OF D ore City, give	CONSIDERED DEATH?  exact lacation)  2 19 7  h occurred on the continuous cont

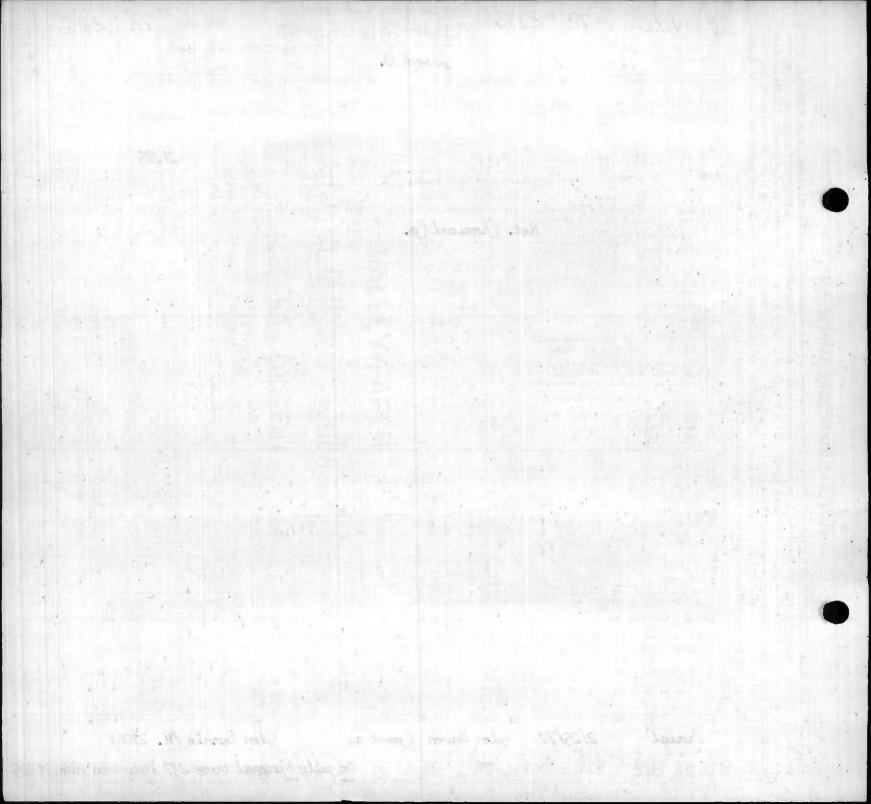
Mayber M.D.

Hubbard Funeral Home INc.4107 Wilkens Ave.

A THE PARTY OF THE (ENLINGS) LANGE WILLIAM WILLIAM OF THE STATE more than the same and the second of the second o The state of the s

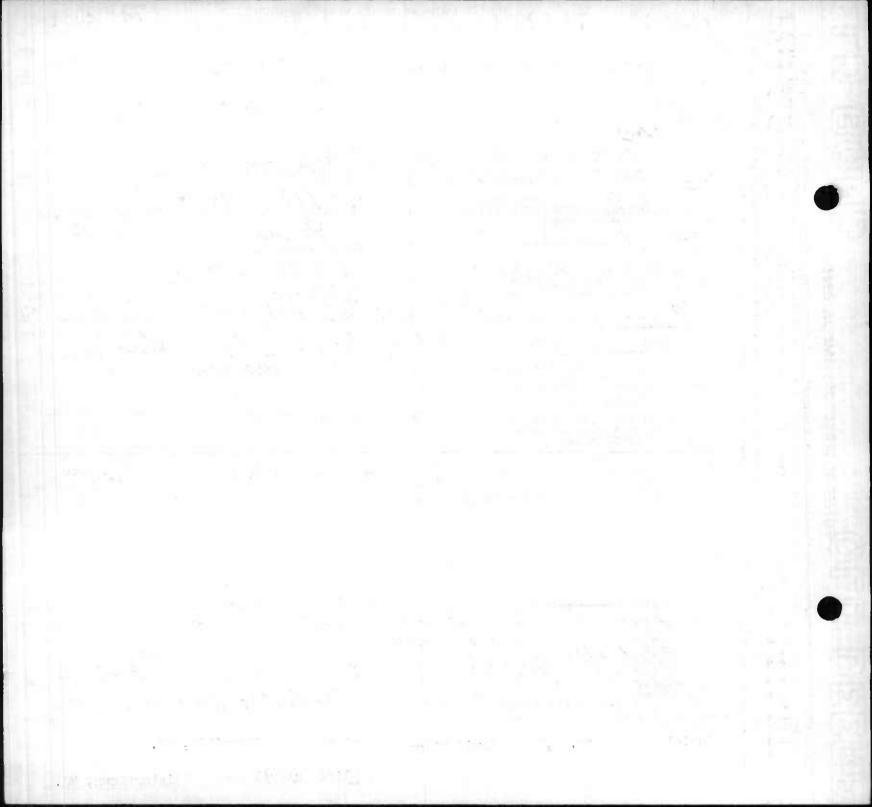
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

	人	)-426 720	2933		HEALTH DEPARTMENT TE OF DEATH	REG. NO	72 02933		
		H NO.  AME OF DECEASED  e or Print)	Walki	Joseph O	2. DATE AND HOUR OF DEATH				
	3. PI	LACE IN BALTIMORE, MARYLAND, W	0		4. USUAL RESIDENCE (W		nstitution: residence before admission)		
	HOS	L NAME OF (IF NOT IN HOSPIT, SPITAL OR ADDRESS OR LOCA	AL OR INSTITUTION)	JTION, GIVE STREET	Manyland C. CITY OR TOWN	the company of the co	2534 IDE CITY LIMITS?		
	4	-3			Baltimore		YES WO NO		
	<	South Baltimore	Gener	al Hospital	E. STREET AND NUMBER	54. 2	1225		
	5. SE	6. RACE	7. MARRIED WIDOWED	NEVER MARRIED DIVORCED	8-24-92	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.		
		USUAL OCCUPATION (Give kind of work	108. KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fo	oreign country)	12. CITIZEN OF WHAT COUNTRY?		
	done	during most of working life, even if retired)	Ret. (	remical (o.	Mississip	Di .	USA		
	13. F	ATHER'S NAME			14. MOTHER'S MAIDEN N	*	1 0 3 17		
	0	Chalmers			Nona Sir	00-10			
	15. W	Vas Deceased Ever in U. S. Armed For	cos?	1 6. SOCIAL	17, INFORMANT	noson	ADDRESS		
	(Yes,	,no or unknown) (If yes, give wor or dote	s of service)	SECURITY NO.			ADDRESS		
	-	NK nam N		216-09-4783F		chart	Same		
		DISEASE OR CONDITION DISEASE OR CONDITION DISEASE OR CONDITION DISEASE OF CONDITION DISEASE O	RECTLY	CAUSE OF DEAT	O		BETWEEN ONSET AND DEATH		
		(This does not mean the made of heart foilure, asthenia, etc. It means injury ar camplication which caused	the disease,	(A)IMMEDIATE CAU DUE TO, OR AS	SE THE SMORT		· a gay 5		
		ANTECEDENT CAUSES		Intro	Les Land and dd	e morn hage	6 days		
		DISEASES OR CONDITIONS, if	any, giving	DUE TO, OR AS	A CONSEQUENCE OF:	Kupin nage	W 300 3		
		rise to the abave couse (A) UNDERLYING CONDITION last.	stating the	12 Carab	no-Vascular	Accident	C dans		
		ONDERETING CONDITION last.		(C) <u>CC (CF P</u>	10 - A02COLOL	1 Weident	\$ 6637		
	Ĕ	OTHER SIGNIFICANT CONDITIONS CO TO THE DEATH BUT NOT RELATED TO TI DISEASE OR CONDITION GIVEN IN PAR	TE TERMINAL	Conge		Failure	6 days		
			DITION FOR V	VHICH OPERATION		No) 208. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED		
	ERT				yes	ho			
	CAL	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	hom etc.	e, form, foctory, street, of	n or obout 21C. WHERE DID fice bidg., INJURY OCCUR?	(If in Boltimor	re City, give exoct location)		
3	MEDI	21 D. TIME (Month) (Doy) (Year) OF INJURY	(Hour) 21 E.	INJURY OCCURRED	21F. HOW DID I	NJURY OCCUR?			
	2	(APPROX.)	Whi	le At Work					
		22. I certify that (I) (this haspital	attended th	ne deceased from	3/17	19 72 to	3   23 19 72.		
	1	tha (1) (we) last saw the decease	d alive an	3/22	19 72 and	that in (my) (aur) opi	nian death accurred an the date		
	I L	and haur and fram the causes stat	ed abave. (I	) (We) (did) (did nat) v	iew the bady after deat	h.			
	2	23A. SIGNATURE		A#0	nding C Mad C	Sh-11	23B. DATE SIGNED		
		Durinno of House	its !	MD . GEGREE Phys	nding Med. Director	Staff Phys.	3/23/72		
	2	23C. PHYSICIAN'S NAME (Type)			23D. ADDRESS		1		
			nwits	M.D. GEGREE	2007 Sula	nave Ave	Baltimore, Mid.		
	24A.	BURIAL CREMATION, 248. DATE		ME of CEMETERY OF CRE	MATORY 24D.	LOCATION (C	ily, lown, or county) (Stole)		
		Burial 2/25/7.	? Gle	en Haven Ceme	tery 9	Len Burnie M	d. 21061		
	25A.	R24 972	25B NAME &		25C. FUNERAL DIRECT	OR	7 Patapsco Ave 21225		
1	VS 1	50-REV. 1/1/6B				79			



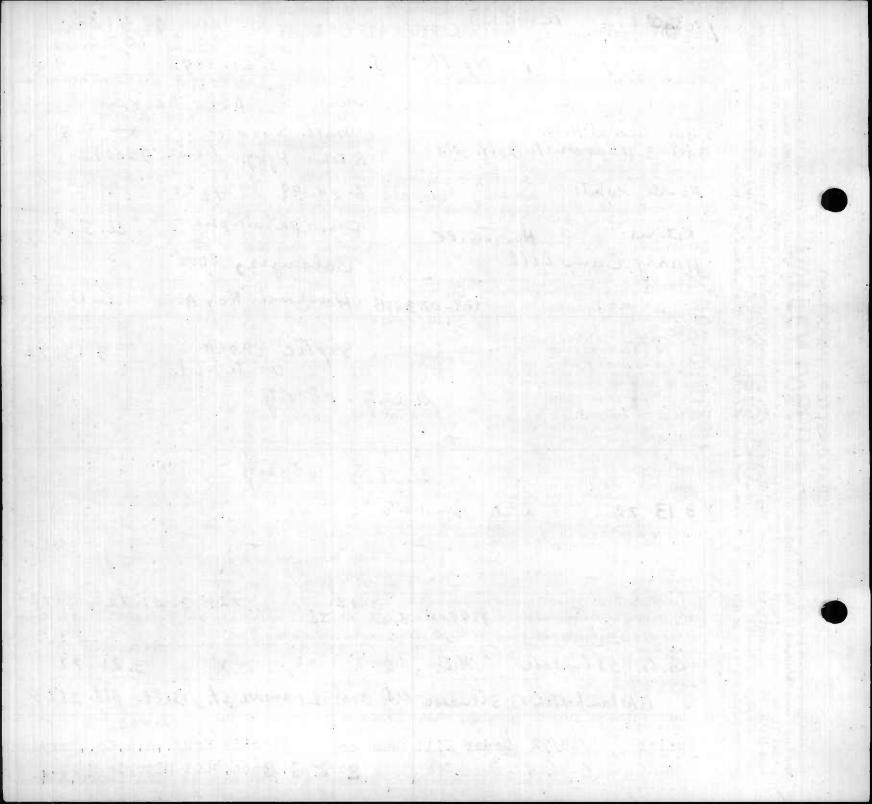
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1	1) (1) 70 0000	BALTIMORE CITY	HEALTH DEPARTMENT		72 02934
	0-4/0 72 0293	CERTIFICA	TE OF DEATH	REG. NO.	14 02004
	po or Print) Ada Weike	rt Wolf	3-2	1-72	230 P. M
	PLACE IN BALTIMORE, MARYLAND, WHERE PRINCE IN BALTIMORE, MARYLAND, WHERE PRINCE IN THE	ONOUNCED DEAD	A. STATE & COUN	Baltimore	itution: residence before admission)
IN	STITUTION Union Memor		Reisters to	D. INSID	E CITY LIMITS? YES \( \text{NO } \text{V}
Les	TT Baltimore 1	1d 21218	E. STREET AND NUMBER  7 Aust	n Rd	
5.	F W WIDON		6/25/97	74 900	II Under 1 Yr. II Under 24 Hrs. Months Days Hours Min.
don	LUSUAL OCCUPATION (Give kind of work 10B, KIN) be during most of working life, even if refired)  Touse wy E	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or lore) Penna		12. CITIZEN OF WHAT COUNTRY
13.	FATHER'S NAME William Welk	ent	14 MOTHER'S MAIDEN NAM	Sheely	
15. (Ye	Was Deceased Ever in U. S. Armed Forces? s,no or unknown) (II yes, give war ar dates of servi		17. INFORMANT, Ter Daughter	Lentzner	16 Aldyth Are
	DISEASE OR CONDITION DIRECTLY	G G CAUSE OF DEATH	sclerotic ca	rdio Vascu	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
* .	(This does not mean the mode of dying, heart failure, asthenia, etc. It means the dise injury or camplication which caused death.)  ANTECEDENT CAUSES	e.g., DUE TO, OR AS A	SE A CONSEQUENCE OF: A	NEASE	Journal
	DISEASES OR CONDITIONS, if any, girise to the above cause (A) stoling UNDERLYING CONDITION last.	ving DUE TO, OR AS the (C)	A CONSEQUENCE OF		
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO THE TERMIN DISEASE OR CONDITION GIVEN IN PART 1 (A).	NG Diabe	etes mellit	us	18 yrs.
CERTIFICATION	19A DATE OF OPERATION 19B CONDITION F WAS PERFORMED	OR WHICH OPERATION	20A. AUTOPSY? (Yes or No	208. IF YES, WERE FIN IN CERTIFYING CAUS	IDINGS CONSIDERED
CAL	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examine)	21B. PLACE OF INJURY le.g., in home, iam, loctory, steet, old elc.)	ot obout 21C. WHERE DID	(If In Boltimore	City, give exact location)
MEDI	21D-TIME (Month) (Doy) (Yeos) (Hous) OF INJURY (APPROX.)	White At Not While At Work	21 F. HOW DID INJU	URY OCCUR?	
	22. I certify that (I) (this heapttal) attends that (I) (a) last saw the deceased alive		M = -	9 <u>66</u> ta <u>3</u> at in(my) ( <del>ver)</del> opinio	on death accurred on the date
	and hour and from the causes stoted above	()		Shoff Dhys.	38. DATE SIGNED 3-2/-72
	Alfred G. Ossma	DEGNEE	1101 St Paul	St Beldin	
	REMOVAL (Specify)	C. NAME OF CEMETERY OF CRE			town, or county) (State)
	Burial Mar. 24,72 DATE REC'D BY HEALTH DEPT. 258. NAM	Druid Ridge		ikesville, Md	
	MAR 24 1972 33 6 2	Jabes No. 1)	25C. FUNERAL DIRECTOR  Eline Funeral	l Home Reis	sterstown, Md.
4.3	100-10111100				



was D.O.A. at a haspital (except where the physician wha pronounced death was in regular attendance on the deceased prior ta death); and (6) No physician was in regular attendance on the deceased prior ta death. Such written approval must be obtained before the remains are embalmed ar final disposition is made. shaws: (1) An accident af any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased the bady was released to the hospital by a medical examiner. Also, if the direct or cantributing cause af death This certificate must be approved by the chief medical examiner ar his assistant if death accurred in a hospital and

1	V-160 72 02	935 BALTIMORE CITY	HEALTH DEPARTMENT	4	11.59
	IRTH NO. YAUGER, Myrtle J.	CERTIFICA	TE OF DEATH	REG. NO. 60	2 (2935
	NAME OF DECEASED yanger,	Myrtle.	T. 2. DATE AND	HOUR OF DEATH	9 P.M.
	PLACE IN BALTIMORE, MARYLAND, WHERE PR	NOUNCED DEAD	4. USUAL RESIDENCE (Where of A. STATE 8. COUNTY	deceased lived. Il institutio	on: residence before admission)
- 11	FULL NAME OF (IF NOT IN HOSPITAL OR IN ADDRESS OR LOCATION)	ISTITUTION, GIVE STREET	C. CITY OR TOWN	ANNE ARU	N DEZ 5 200 TY LIMITS?
201	S. Belt. General Hosp.			RBAN YES	NO 🗵
	3 act S. Hanowerst. B	alt., Md.	Ritchie Hywy.	, (Real 5	200)
5	To make 1. LIMBE	RIED NEVER MARRIED DIVORCED DIVORCED		AGE (In years of birthday) 72	Jnder 1 Yr. If Under 24 Hrs. hths Days Haurs Min.
0	OA. USUAL OCCUPATION (Give kind of work 108, KIN ane during most of working life, even if retired)  Retired  Hou	D OF BUSINESS OR INDUSTRY	Pa. Philade	11 '	CITIZEN OF WHAT COUNTRY?
. 1	Harry Cumpbell		14. MOTHER'S MAIDEN NAME Balsinger	CI .	
1	5. Was Deceased Ever in U. S. Armed Farces? (es,no or unknown) lift yes, give wor or dates of serv	16. SOCIAL SECURITY NO. 169-07-31946	17. INFORMANT flushand	Roy A.	Same.
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (This does not mean the mode of dying, heart failure, asthenia, etc. It means the distingury or complication which caused death.)  ANTECEDENT CAUSES	,	e. oti eu	tock te old.	approximate interval BETWEEN ONSET AND DEATH  3.13.72
	DISEASES OR CONDITIONS, if any, girise to the obave cause (A) stating UNDERLYING CONDITION last.		CONSEQUENCE OF:		
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS TO THE DEATH BUT NOT RELATED TO THE TERMINE DISEASE OR CONDITION GIVEN IN PART 1 (A).	NG Senil	ity - obesity	ρ.	
	3.13.72 WAS PERFORMED	te Appendicity	20A- AUTOPSY? (Yes or No)	20B. IF YES, WERE FINDIT IN CERTIFYING CAUSES	OF DEATH?
	OR CONTRIBUTING CAUSE OF DEATH (natify medical examiner)	21B. PLACE OF INJURY (e.g., i hame, larm, factory, street, of		(If in Soltimore City,	, give exact lacation)
	21D. TIME (Month) (Day) (Year) (Haur) (APPROX.)	21E. INJURY OCCURRED  While At Nat While Wark	21F. HOW DID INJUR	Y OCCUR?	
	22. I certify that (I) (this haspital) attend that (I) (we) last saw the deceased alive	on 8.45 PM 3.2	197.2 and that	72 to 3, 21 in(my) (aur) apinian	death accurred on the date
	and haur and fram the causes stated obove	re. (I) (We) (d/d) (dld nat) v	lew the bady ofter deoth.	238.	DATE SIGNED
	G. G. Salmadde		nding Med. Ste S. Director Phy		3.21.72
	Co, Co. Sa-lunddel 23C. PHYSICIAN'S NAME (Type) Coho lamhraden G.	Salmaddi M.D.	3001 S. Hangues	st. Balt	. Ad. 21230
2	4A. BURIAL CREMATION, 248. DATE 24 REMOVAL (Specify)	C. NAME of CEMETERY OF CRI	MATORY 24D, LOC	ATION (City, tov	vn, or county) (State)
2	450D A 4 4070 22 4 8	ME OF REGISTRAR	Pitch 25C. MUNERAL DIRECTOR	ie Hgwy.,A	A.Co. Marylan
F	MAR 24 19/2 Vertes F.	And State Land	Gorge J. Conc	Ba.	Itimore Md.



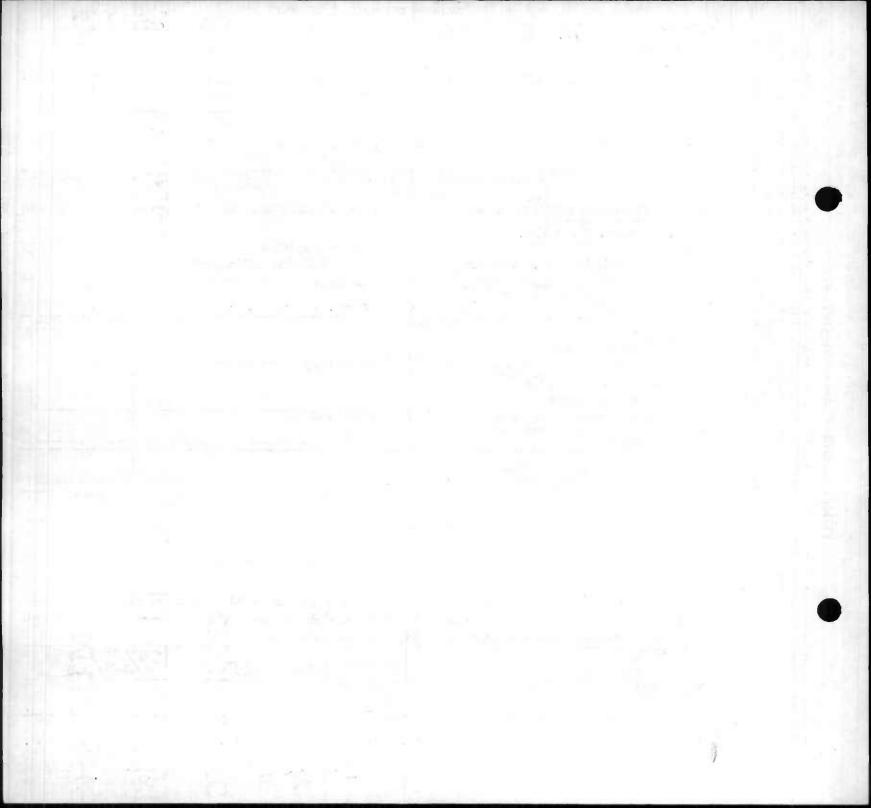
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the Such deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. written approval must be obtained before the remains are embalmed or final disposition is made.

1	2-450	Hin or	2020	BALTIMORE CITY	HEALTH DEPARTME	INT			
BI	RTH NO.	72 02	2936	CERTIFICA	TE OF DEA	TH REG. NO	72 02936		
	NAME OF DECEAS		0 0	. /	2. D/	ATE AND HOUR OF DEAT	Н		
3.	PLACE IN BALTIMO	PEORGE	D, B	LOME	III HELIAL PESIDENCI	3/24/72	institution: residence before admission)		
	TENGETH PREMI	and marketing, &	A HEKE LKONO	ONCED DEAD	A. STATE B.	COUNTY	institution; residence before odmission)		
Ft H	JLL NAME OF OSPITAL OR ISTITUTION	ADDRESS OR LOC.	AL OR INSTIT	UTION, GIVE STREET	C. CITY OR YOWN		2114		
IN		/ -			April 1	MERE	VES P NO		
	MARY	LANG GE	NERAL	Hospital	E. STREET AND NUM	IBER	YES NO		
IL	BAL	HIMORE	me	1	6 UF	CLAND RD			
5.	SEX 6. R	ACE	7- MARRIED	HEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	Months Days Hours Min.		
-	M	W	WIDOWED		11/15/9	1 80	William Days Circuits Iving		
10/	A. USUAL OCCUPAT	NON (Give kind of worling life, even if retired)	108 KIND OF	BUSINESS OR INDUSTRY			12. CITIZEN OF WHAT COUNTRY?		
	LAWY	ER	LEGAL	Distr.	MARYLAND		USA		
13.	FATHER'S NAME	0/			14. MOTHER'S MAIDE				
	JOHN H.				CLARA	BLANCK			
15. (Ye	was Deceased Ever s, no or unknown) (If )	in U. S. Armed For	ces?	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS		
	No			215-22-1687A	CATHERINE	H BLOME	SAME		
	18.4.10	91		CAUSE OF DEATH			APPROXIMATE INTERVAL		
		R CONDITION DI	RECTLY		1		BETWEEN ONSET AND DEATH		
1	(This does not n	sean the mode of	dylan, e.n.	(A) IMMEDIATE CAU	SE Acute 1	Yourdeal lixt	section I have		
li.	heart failure, asth	enia, etc. It means than which caused	the disease.	DUE 10, OR AS	S A CONSEQUENCE OF:				
il .		CEDENT CAUSES		4					
		CONDITIONS, If		(B) OR AS	A CONSEQUENCE OF:				
	rise to the at	bove cause (A)	stating the		A CONSEQUENCE OF				
	UNDERLYING CO	ONDITION last.		(C)					
HOLL	OTHER SIGNIFICAN	II IT CONDITIONS CO	NTRIBITING						
₩ ¥	110 THE DEATH BU	T NOT RELATED TO THE	HE TERMINAL	######################################					
CERTIFICA		RATION 198 CON	DITION FOR V	VHICH OPERATION	20A. AUTOPSY? (Yes	or No. 208, IF YES, WERI	E FINDINGS CONSIDERED AUSES OF DEATH?		
1					No		AUSES OF BEATH		
CAL	OR CONTRIBUTING	AS UNDERLYING	218.  ham-  elc.)	PLACE OF INJURY le.g., ir e, form, foctory, street, of	ice bidg. INJURY OCC	UR? (If In Baltim	ore City, give exoct location)		
MEDI	OF INJURY	nthi (Doy) (Yearl		INJURY OCCURRED  Not White		D INJURY OCCUR?			
-	IAPPROXI		Wor	k At Work					
	22. I certify that	(1) (this hospital	) attended th	ne deceosed from	3/10	19 <u>7.2 to</u>	3/24 19 72		
		saw the decease		3/24	19 72 0	and that In (my) (our) of	olnion death occurred on the date		
	and hour and from	m the causes stat	ed obove (!	(We) (did) (did not) vi	lew the bady after de	eoth.			
	23A. SIGNATURE	1011	01 %				23R DATE SIGNED		
	must	rack 7.	Lowsh	DEGREE Phys	ding Med.	Stoff Physic	3/24/77		
	23C. PHYSICIAN'S NAME (Typel	/			3D. ADDRESS				
		Michael H		OEGREE		al Hospital	,Balto.,Md.		
24/	REMOVAL ISpecia	ON. 24B. DATE	24C, NA	ME of CEMETERY OF CRE	MATORY	AD. LOCATION IC	City, town, or countyl (State)		
I	Entombmen	t 2-27-7	72 Lor	raine Park		Baltimore	Md.		
25/	DATE REC'D BY	TEALTH DEPT. A.C.	25% NAME O		25C. FUNERAL DU	ECTOR	ADDRESS		
	MAK 24 19/	C ARRES E	definer.	MERC OF CO.	I W Jenk	ins & Sons	Co., Balto., Md.		
VS	150-REV. 1/1/68	71							

8 departure Jones H. Elever CLAIM BLANCE DIS-22-WATE CATHERING H BLOWNE

pital and of death Deceased Such uo hospital death. attendance irect or contributing cause (4) Undetermined cause; (5) D prior occurred made. regular deceased disposition is death E MOS the assistant if death 6 or final attendance fracture of any pronounced embalmed regular examiner. who (3) A the remains are = physician Wds medical Body burns, No physician the O before the body was released to the hospital by An accident of any nature; (2) where approved by be obtained 9 (except and death); hospital must 10 written approval 0 prior to D.O.A. shows: (1) bespased Was

BALTIMORE CITY HEALTH DEPARTMENT 72 02937 CERTIFICATE OF DEATH I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) 0 4. USUAL RESIDENCE (Where deceated lived, If institution; residence before admission)
A. STATE
B. COUNTY 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD FULL NAME OF HOSPITAL DR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION! C. CITY OR TOWN D. INSIDE CITY LIMITS? YES -NO MEMORIAL E. STREET AND NUMBER BEECH BNUE 9. AGE (in years lost birthdox) & DATE OF BIRTH Il Under 1 Ya If Under 24 Hrs. 5. SEX 6. RACE MARRIED | NEVER MARRIED | WIDOWED DIVORCED 10A USUAL OCCUPATION (Give kind of working KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State of foreign country) 12. CITIZEN DE WHAT COUNTRY? done during most of working life, even if refired) Ret'd. Balto, Belt 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME William L. Marbury Silvine Slinaluff ADDRESS 15. Was Deceased Ever in U. S. Armed Forces? (Yes, na or unknown) (If yes, give war or dates of service) SOCIAL 17. INFORMANT SECURITY NO. Yes WWII 579-10-3044 Mrs. Mary L. Marbury Same APPROXIMATE INTERVAL CAUSE OF DEATH BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO, OR AS A CONSEQUENCE OF: ANTECEDENT CAUSES (B) DUE TO, OR AS A CONSEQUENCE OF: DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION lost CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A) 19% CONDITION FOR WHICH OPERATION WAS PERFORMED 208, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 20A. AUTOPSY? (Yes or No) 19A-DATE OF OPERATION obstru dior 21A. A CCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 218 PLACE OF INJURY (e.g., in or obout 21C, WHERE DID home, farm, factory, street, office bldg., INJURY OCCUR? (II In Bolimore City, give exact location) MEDICAL DEATH (notify medical examined 21D. TIME 21 f. HOW DID INJURY OCCUR? (Month) (Doy) (Year) (Houg 21& INJURY OCCURRED Not While While At (APPROX) At Work Work 22. I certify that (1) (this hospital) attended the deceased from March 23 and that in (ply) (our) opinion death occurred on the dote that () (we) last saw the deceased alive on... and hour and fram the causes stated above. (M(We) (did) (did hot) view the body after death. 23A. SIGNATURE 23B DATE SIGNED Attending [ Med. Stoff X Phys. Director 23C. PHYSICIAN'S 23D. ADDRESS NAME (Type BEE University Dack was DEGREE 24A. BURIAL CREMATION, 24B. DATE 24C. NAME OF CEMETERY OF CREMATORY 24D. LOCATION lown, or county) REMD VAL (Specify) 3-24-72 Greenmount Cemetery Cremation Balto. Md. 25C, FUNERAL DIRECTOR & Sons Co. Md. 25A. DATE REC'D BY HEALTH DEPT. 258 NAME OF REGISTRAR ADDRESS VS 150-REV. 1/1/68



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	G-650 72 000		HEALTH DEPARTMENT	PEG NO	2 02938
	BIRTH NO.  1. NAME OF DECEASED	SERTIFICA	TE OF DEATH	KEO. 110.	
	(Type or Print)			ND HOUR OF DEATH	5"6
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUN		4 USUAL RESIDENCE (WI	- 23 - 72	9° M.
					ution: residence belore odmission)
	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUT ADDRESS OR LOCATION) INSTITUTION	TON, GIVE STREET	· Mary las	nd	2/01
	mt. Sinai Mursin	14	C. CITY OR TOWN  Bultimore		CITY LIMITS?
/			E. STREET AND NUMBER	Y	ES NO NO
	4413 Park Heights C	UE	751 W. 14	lamburg S	7. 21230
	S. SEX 6. RACE 7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years III	Under 1 Yr. II Under 24 Hrs.
	WIDOWED	DIVORCED	9-14-84	07	lonths Days Hours Min.
	10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF B done during most of working life, even if retired)	USINESS OR INDUSTRY	11. BIRTHPLACE (Stole or for	eign country)	2. CITIZEN OF WHAT COUNTRY?
	Housewife		Marula	~ 4	U.S.A.
	13. FATHER'S NAME		14. MOTHER'S MAIDEN NA	ME	4.2.4
	Augustus Smith		Sarah	Banana	
		6- SOCIAL SECURITY NO.	17. INFORMANT	Devans	ADDRESS
	No		John A. Gr	sham 751 H	Hambon St
	18. 4/2.31	CAUSE OF DEATH	0	STERN (O)	APPROXIMATE INTERVAL
$\parallel$	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	acuto 1	assive Conge	etive ?	BETWEEN ONSET AND DEATH
	(This does not mean the mode of dving an	(A) IMMEDIATE CAUS		dins	100
	hearl failure, aslhenia, etc. Il means the disease, injury or complication which caused douth.	DUE TO, OR AS A	CONSEQUENCE OF:	16.11	/ / / / /
	ANTECEDENT CAUSES	aven	occorre /	Drease	6 hours
I	DISEASES OR CONDITIONS, if one, giving	(B)OR AS A	CONSEQUENCE OF		
	rise to the obove cause (A) stoling the UNDERLYING CONDITION lost.	(c) Cerebs	al Hambers	Herryares	is 4 mals
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	D. to	e blooden.	cours	2011
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	Jean -	under	ermen	3 /hours
	19A-DATE OF OPERATION 19B. CONDITION FOR WH	ICH OPERATION	20A. AUTOPSY? (Yes or No	20B. IF YES, WERE FIND	INGS CONSIDERED
	19A-DATE OF OPERATION 19B. CONDITION FOR WH. WAS PERFORMED		no	IN CERTIFYING CAUSES	OF DEATH?
	OR CONTRIBUTING CAUSE OF homo, etc.)	ACE OF INJURY (e.g., in form, foctory, street, offic	or about 21C, WHERE DID	(If In Boltimore Cit	y, givo exact location)
	21D.TIME (Month) (Doy) (Yeor) (Hour) 21E, IN	JURY OCCURRED	21 F. HOW DID INJ	URY OCCUR?	
	(APPROX.) While	At Work			
Ш	22. I certify that (I) (this hospital) attended the		2 19	1972 10 Than	ek +372
I	that (1) (we) last saw the deceased alive an	Larch 23	77-	· · · · · · · · · · · · · · · · · · ·	death accurred an the date
	and have and from the causes stated above. (1) (1	Ke) (did) (did-nat) vie	w the hady after death	or intimy/ tools abluigh	death accurred an the date
	23A. SIGNATURE	hA		23 B	DATE/SIGNED/
	/ faruel hum	Attend Phys.	Med. Director	Staff Phys.	3/23/72
	23C.PHYSICIAN'S NAME (Type)	DEGREE	D. ADDRESS	rilys.	0 / 2.2
	MANUEL LEVIN	M. O. 6	101 TARK +	TOTS AVE /	SHATO MO 21215
2	4A. BURIAL CREMATION, 24B. DATE 24C. NAME REMOVAL (Specify)	E of CEMETERY OF CREM	ATORY 24D. L	OCATION (City, to	wn, or county) (Stote)
L	Burial 3-27-72 M	t. Aubur	n		1 1
25	SA. DATE REC'D BY HEALTH DEPT. 258. NAME OF R		25C, FUNERAL DIRECTOR	Itimore,	Maryland
	MAR 24 1972 PR 1 E 3 Be	ACD.	Charles A. K	ice 661 W	Barre St.
V:	\$ 150-REV. 1/1768				

White Bold Day for Many 1981 THE STREET WITH STREET THE

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VS 150-REV. 1/1/68

BRITHOR CITY HEALTH DEPARTMENT  72 02939  CERTIFICATE OF DEATH  73 02939  CERTIFICATE OF DEATH  74 05 ATE AND HOUR OF DEATH  75 05 ATE AND HOUR OF DEATH  75 05 ATE AND HOUR OF DEATH  75 05 ATE AND HOUR OF DEATH  75 05 ATE AND HOUR OF DEATH  75 05 ATE AND HOUR OF DEATH  76 05 ATE AND HOUR OF DEATH  77 05 ATE AND HOUR OF DEATH  78 05 ATE AND HOUR OF DEATH  78 05 ATE AND HOUR OF DEATH  79 05 ATE AND NUMBER  79 05 ADATE OF BIRTH  70 05 ADATE OF WHAT COUNTRYY  10 05 ADATE OF BIRTH  10 05 ADATE OF WHAT COUNTRYY  10 05 ADATE OF BIRTH  10 05 ADATE OF WHAT COUNTRYY  10 05 ADATE OF BIRTH  10 05 ADATE OF WHAT COUNTRYY  10 05 ADATE OF BIRTH  10 05 ADATE OF WHAT COUNTRYY  10 05 ADATE OF BIRTH  10 05 ADATE OF WHAT COUNTRYY  10 05 ADATE OF BIRTH  10 05 ADATE OF WHAT COUNTRYY  10 05 ADATE OF BIRTH  10 05 ADATE OF WHAT COUNTRYY  10 05 ADATE OF BIRTH  10 05 ADATE OF B
Second continued of the second continued of the second control o
3. PLACE IN BALTIMORE, MARTLAND, WHERE PRONOUNCED DEAD  3. PLACE IN BALTIMORE, MARTLAND, WHERE PRONOUNCED DEAD  4. USUAL RESIDENCE (Where deceosed lived. It institution: residence before admission)  FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)  WINDOWSTY OF MARTINED NEVER MARRIED  5. SEX  6. RACE  WIDOWED  DIVORCED  DIVORCED  10. USUAL OCCUPATION [Give kind of work] 108. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country)  11. FATHER'S NAME  12. CITIZEN OF WHAT COUNTRY?  WIDOWED  13. FATHER'S NAME  14. MOTHER'S MAIDEN NAME  TO COALS  15. WOS Deceased Ever in U. S. Armed Forces?  (Tes, no or unknown) [Uf yes, give wor or doles of service]  16. SOCIAL  SECURITY NO.  20. AGE (in years)  Months: Doys Hours  Min.  12. CITIZEN OF WHAT COUNTRY?  WIDOWED  13. FATHER'S NAME  TO COALS  15. WOS Deceased Ever in U. S. Armed Forces?  (Tes, no or unknown) [Uf yes, give wor or doles of service]  CAUSE OF DEATH  DISEASE OR CONDITION DIRECTLY  LEADING TO DEATH  11his does not meen the mode of dying, e.g., Due To, or AS A CONSEQUENCE OF:  DUE TO, OR AS A CONSEQUENCE OF:
FULL NAME OF HE NOT IN HOSPITAL OR INSTITUTION, GIVE STREET  HOSPITAL OR ADDRESS OR LOCATION)  WINDOWSTY OF WINDOWST OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country)  Locates  13. FATHER'S NAME  To Cates  15. Wes Decessed Ever in U. S. Amed Forces?  15. Wes Decessed Ever in U. S. Amed Forces?  16. SOCIAL SECURITY NO.  17. INFORMANT  DISEASE OR CONDITION DIRECTLY  LEADING TO DEATH  CAUSE OF DEATH  CAUSE OF DEATH  CAUSE OF DEATH  CAUSE OF DEATH  CAUSE OF DEATH  CAUSE OF DEATH  (A) IMMEDIATE CAUSE  LEADING TO DEATH  (A) IMMEDIATE CAUSE  LEADING TO DEATH  (A) IMMEDIATE CAUSE  LEADING TO DEATH  (A) IMMEDIATE CAUSE  LEADING TO DEATH  (A) IMMEDIATE CAUSE  LEADING TO DEATH  (A) IMMEDIATE CAUSE  LEADING TO DEATH  (A) IMMEDIATE CAUSE  (A) IMMEDIATE
HOSPITAL OR INSTITUTION    C. CITY OR TOWN   D. INSIDE CITY LIMITS?
S. SEX   6. RACE   7. MARRIED   NEVER MARRIED   8. DATE OF BIRTH   9. AGE (in years   11 Under 1 Yr.   11 Under 24 Hrs.
S. SEX    SEX   6. RACE   7. MARRIED   NEVER MARRIED   8. DATE OF BIRTH   9. AGE (in years bound of working)   100. USUAL OCCUPATION (Give kind of work 100. KINO OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country)   12. CITIZEN OF WHAT COUNTRY?
MARKIED NEVER MARRIED NEVER MARRIED SATE OF BIKIN 19. AGE (In years lost blithday)  I Under 17 1/2. If Under 24 Hiss Months Doys Hours Min.  III. BIRTHPLACE (Stote or foreign country)  Wind one during most of working life, even if retired)  III. BIRTHPLACE (Stote or foreign country)  Was Deceased Ever in U. S. Armed Forces?  IS. Wos Deceased Ever in U. S. Armed Forces?  If Under 17 1/2. If Under 24 Hiss Months Doys Hours Min.  III. BIRTHPLACE (Stote or foreign country)  Was Deceased Ever in U. S. Armed Forces?  IS. Wos Deceased Ever in U. S. Armed Forces?  If Under 17 1/2. If Under 24 Hiss Months Doys Hours Min.  III. BIRTHPLACE (Stote or foreign country)  III. BIRTHPLACE (
13. FATHER'S NAME  13. FATHER'S NAME  14. MOTHER'S MAIDEN NAME  15. Wos Decessed Ever in U. S. Armed Forces?  15. Wos Decessed Ever in U. S. Armed Forces?  16. SOCIAL SECURITY NO. 20-03-3687 Hasel Coates  17. INFORMANT  18. 430 Cl  18. 430 Cl  18. 430 Cl  19. CAUSE OF DEATH  DISEASE OR CONDITION DIRECTLY  LEADING TO DEATH  17. INFORMANT  APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH  17. INFORMANT  APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH  17. INFORMANT  APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH  17. INFORMANT  APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH  17. INFORMANT  APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH  18. 430 Cl  APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH  19. INFORMANT  APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH  DUE TO, OR AS A CONSEQUENCE OF:
13. FATHER'S NAME  Tou Coates  14. MOTHER'S MAIDEN NAME  Année Coates  15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or doles of service)  16. SOCIAL SECURITY NO. 220-03-3687 Hasel Coates  17. INFORMANT  SECURITY NO. 22611 Garrison  CAUSE OF DEATH  DISEASE OR CONDITION DIRECTLY  LEADING TO DEATH  1This does not mean the made of dying, e.g., heard foilure, astherio, etc. It means the diseases  DUE TO, OR AS A CONSEQUENCE OF:
Tom Coates  Hane Coates  Hane Coates  15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or doles of service)  16. SOCIAL SECURITY NO. 270-03-3687 Hasel Coates Wife Louders Getween Onset and Death  DISEASE OR CONDITION DIRECTLY  LEADING TO DEATH  17. INFORMANT  APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH  IThis does not means the made of dying, e.g., heard failure, astherio, etc. It means the disease.  ADDRESS  GAMMEDIATE CAUSE TO A VA Charid Hemorrhaye 30 has been failured as Consequence of:
15. Wos Decessed Ever in U. S. Armed Forces? (Yes, no or unknown! (If yes, give wor or doles of service)  16. SOCIAL SECURITY NO. 220-03-3687 Hatel Coates Wite Roule and Proximate Interval DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  17. INFORMANT ADDRESS Garage  ADDRESS Garage ADDRESS Garage APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH  17. INFORMANT APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH  17. INFORMANT ADDRESS GARAGE ADDRESS G
18. 430. CI  CAUSE OF DEATH  DISEASE OR CONDITION DIRECTLY  LEADING TO DEATH  1This does not mean the made of dying, e.g., head failure, ashering, etc. If means the disease.  DUE TO, OR AS A CONSEQUENCE OF:
18. 430 CI  CAUSE OF DEATH  DISEASE OR CONDITION DIRECTLY  LEADING TO DEATH  1This does not meen the made of dying, e.g., head failure, ashening, etc. It means the disease.  DUE TO, OR AS A CONSEQUENCE OF:
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  IThis does not meon the made of dying, e.g., head failure, ashenia, etc. It means the disease.  DUE TO, OR AS A CONSEQUENCE OF:
IThis does not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease.  DUE TO, OR AS A CONSEQUENCE OF:
heort igiture, asthenio, etc. Il means the disease
I I I I I I I I I I I I I I I I I I I
ANTECEDENT CAUSES Handre Leaving
DISEASES OR CONDITIONS, if any, giving  (8)  DUE TO, OR AS A CONSEQUENCE OF:
inse to the above cause (A) stoling the
CO
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING AS DISEASE OR CONDITION GIVEN IN PART 1 [A].  A DISEASE OR CONDITION GIVEN IN PART 1 [A].
19A-DATE OF OPERATION 19R CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH?
IOP CONTERNITION CONTENT OF THE DID III IN BOILINGS CITY, give exact location
Q 21D-TIME (Month) (Day) (Year) (Hourd 21E INTURY OCCURRED
OF INJURY (APPROX.)  (Month (Doy) (Teor) (Hour) 21E INJURY OCCURRED  While At  Not While  At Work  1
22. I certify that (I) (this hospital) attended the deceased from 3-20 19 12 to 3-21 19 12
that (1) (we) last saw the deceased alive an 3-21 19 71 and that in (my) (aur) opinion death accurred an the date
and have and from the couses stated above. (1) (We) (did) (did net) view the bady after death.
Attending Med. Staff Director Phys. 23B. DATE SIGNED
23G. PHYSICIAN'S NAME (Typer Dr. Wolfram REICHL 23D. ADDRESS  V. Manuel Med. Shoff Director Shoff Director Phys. Director Directo
24A SURIAL CREMATION 24B DATE DEGREE
Burial 3-25-72 Sept. Cultures, Bulland
MAR 24 1972 Page 1258 NAME OF REGISTRAR 125C. FUNERAL DIRECTOR ADDRESS

Caller down to six of Called to last block of Montgomery St.) and the self-one could be for 

1-210	72 02		ORE CITY HEAD			SE DEAT		70	02940
BIRTH NO.	MEL	DICAL EXAMI	INEK 2 CI	EKIIFIC	CATE	OF DEATI	REG. NO	17.2	UR34()
1. NAME OF DE				. DATE	Known	Month	Doy	Yeor	Hour
(Type or Print)	EDWARI	D A. JOSEPH,	JR.	OF DEATH	Estimoted				м.
4. PLACE IN BA	TIMORE, MARYLAND, V					Month	Doy	Yeor	Hour
FULL NAME OF HOSPITAL	(IF NOT IN HOSPITA	AL OR INSTITUTION, GIVE	STREET	PRONOL	INCED DEAD	March	22, 1	972	2:25 P.M.
OR INSTITUTION		ombard Street	3	S. USUAL RE	Maryla:		ed. If institution: 3. COUNTY	residence be	fore odmission)
6. SEX	7. RACE	8. MARRIED NEVER	MAPPIED M	C. CITY OR		IIG	D. INSIDE CIT	Y LIMITS?	
Male	White		DIVORCED -		Baltom	ore	YES	ZK N	10 🗆
9. DATE OF BIRT	H 10. AGE (lost birthdo	n years If Under 1 Yr. I Months Dovs	If Under 24 Hrs. E	. STREET A	ND NUMBER	2			No.
JUHE 2.	6 1947 28	3 24				ast Lomba	rd Stre	et	
	Stote or foreign country)	12. CITIZEN C		3. FATHER		1 -1	SEPH	CD	
	YORK CITY	US.	A.	-	WARD		SEPA	211	
done during most of	JPATION (Give kind of work working life, even if retired)	,				GATES			
	LOADER	CONSOLIDATEL		B. INFORM	-	GAIRS		DDFCC	
(Yes, no or unknown	SED EVER IN U.S. ARMEE	of service) SECL	IRITY NO			re 11 1.		DRESS	11 9177
19.	APR 1966 TO	SEPT 1966 212-4	AUSE OF DEATH		4 GA1.	ES 11 /	BROA		OXIMATE INTERVAL
180	1 421	C.							EN ONSET AND DEATH
DISEAS	E OR CONDITION DIRE				ably oc	curring d	luring eizure		
(This does	not mean the mode of dy	/ing, e.g.,	(A) IMMEDIATE CA DUE TO, OR AS		UENCE OF:		erzure		
DISEASES RISE TO TH UNDERLYI	NTECEDENT CAUSES OR CONDITIONS, IF ANY E ABOVE CAUSE (A) STA NG CONDITION LAST.	IING IHE	(B) DUE TO, OR AS	S A CONSEC	QUENCE OF:				
O TO THE DE	II  NIFICANT CONDITIONS COATH BUT NOT RELATED TO RECONDITION GIVEN IN P.	ONTRIBUTING THE TERMINAL			ħ	w eo 2 - 0 - 0 - 0 - 0 - 0 - 0 - 0 - 0 - 0 -			~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
20A. DATE O	F OPERATION 208. COI		PERATION WAS	PERFORM	ED			21. AUTOP	SY? (Yes or No)
0 2									Yes
UNDERLYING	NAL CAUSE WAS	228. PLACE OF home, form, foc	F INJURY (e.g., in tory, street, office b	or obout 2 bldg., etc.)	2C. WHERE D	ID (II in Boltimore	e City, glve exoc	locotion)	
≥ 22D. TIME	(Month) (Doy) (Yea	r) (Hour) 22E.1NJUR	Y OCCURRED	2	2F. HOW DID	INJURY OCCU	R?		
OF INJURY (APPROX.)		m. WHILE AT WORK	NOT W						
23.									
I cer	tify that I held on I	nquiry Inspec	tion Auto	psy K	and that a	on this bosis,	deoth In my o	pinion	
resul	ted from: Notural cou	ses Accident	Suicide	☐ Ho	micide .	Undetermin	ed monner		
ACTUAL	10 1	Ub.	0		CHIEF MEDIC	AL EXAMINER			DATE SIGNED
SIGNAT	URE CHIM	, copru	meno.	ASSIS	STANT MEDIC	AL EXAMINER	X		
EXAMIN		S. Springate	, M.D.	ASSO	CIATE MEDIC	AL EXAMINER	☐ Ma	arch 2	3, 1972
NAME (		24C. NAME	of CEMETERY or	CREMATO	RY Is	4D. LOCATION	(City, town,	or county)	(Stote)
REMOVAL (Spec	ify)	5 1972 ST M					ELL ST		
254 DATE REC'D	BY HEALTH DEPT.	258. NAME OF REGI	,		UNERAL DIR			DRESS	0 . 70
MAD O		E. Jacker M.		Die					BARDST
MAKZ	101.00	1	000	1447	KET.B	160 // (	1000 €	DV1	, , , , , , , , , , , , , , , , , , , ,
VS 151-REV. 1/1/6	8			-	-	-			

TRUCK SCAPES STREET STREET TRUET GAFES YES THE HE SESSIBLE BILLY STAD JULIA GATES A H BREADAN J M + 5 WE A BOND AND BODD ON THE PROPERTY OF THE STATE

#### IMPORTANT FUNERAL DIRECTOR:

was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased

100 000	BALTIMORE CITY	HEALTH DEPARTMENT		יים חספני
BIRTH NO. 72 02941	CERTIFICA	TE OF DEATH	REG. NO	72 02941
T. NAME OF DECEASED, (Type or Print) OKSIEN JA MI.	c 1/(00) - 01/00	2. DATE ANI	D HOUR OF DEATH	
(Type or Print) OKSIEN JA MI.	SUK (OR) OCK CE			
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRO	DNOUNCED DEAD	4. USUAL RESIDENCE (Where A. STATE B. COUN'	TY	titution: residence before admission)
FULL NAME OF (IF NOT IN HOSPITAL OR IN ADDRESS OR LOCATION)  ADDRESS OR LOCATION)	STITUTION, GIVE STREET	C. CITY OR TOWN	D. INSID	DE CITY LIMITS?
100 1220 GLYH DON 1	AUENUE	BACTIME. STREET AND NUMBER	ORE	YES NO NO
			NDON AU	IE 21223
1 2 2 1 1 2 2 2	NEVER MARRIED DIVORCED	JAN 30 1892	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
IDA. USUAL OCCUPATION (Give kind of work 108. KINI			gn country)	12. CITIZEN OF WHAT COUNTRY?
done during most of working life, even if retired)	TAILOR SHOP	RUSSIA		IST PAPER
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAM	AE	
UNK			JAK	
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of servi	1 6. SOCIAL	17. INFORMANT		ADDRESS
NO -	SECURITY NO.	ALMA MICINSA	VV 970 DH	DANTA PA DIE
18.	CAUSE OF DEAT	1/	11 dol6 F11	DONTA RD 2109
DISEASE OR CONDITION DIRECTLY			7	
LEADING TO DEATH		inoma &	ancrease	1 morder
(This does not mean the mode of dying, heart failure, asthenio, etc. II means the dise		A CONSEQUENCE OF:		***************************************
injury or complication which coused death,)				
ANTECEDENT CAUSES	(B)			
DISEASES OR CONDITIONS, if any, gi	ving DUE 10, OK AS	A CONSEQUENCE OF:		
UNDERLYING CONDITION lost.	(c)			
11				
O OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO THE TERMIN OF DISEASE OR CONDITION GIVEN IN PART 1 (A).				
A DISEASE OR CONDITION GIVEN IN PART 1 (A).		TAA 4		
19A. DATE OF OPERATION 198. CONDITION F WAS PERFORMED	Panerecer	20A. AUTOPSY? (Yes or No)	IN CERTIFYING CAU	NDINGS CONSIDERED SES OF DEATH?
U 21 A. A CIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	218. PLACE OF INJURY (e.g., home, form, foctory, street, o etc.)	n or obout 21C. WHERE DID ffice bldg., INJURY OCCUR?	(If in Boltimore	City, give exact location)
O 21 D. TIME (Month) (Doy) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJU	IBY OCCUP?	
OF INJURY (A PPROX.)  (Month) (Doy) (Year) (Hour)	While At Not While Work At Work	e	JKI OCCOK:	
22. I certify that (1) (this hospital) attend	ed the deceased from	2/26 1	9.57 to	3/23 1972.
that (I) (we) lost saw the deceased alive		19.74 and the	at in (my) (our) only	lan death occurred on the date
			ii iii(iii), (aas) opiiii	ran decin occurred on the date
ond hour and from the couses stated obov	e. (I) (me) (ara) (ala nat) (	new the body after death.		23 B, DATE SIGNED
July P. lereves	2 July AH	ending Med. Director	Stoff Phys.	3/24/72
23C. PHYSICIAN'S NAME (Type)	LOCK TO MAN	23D. ADDRESS	11 The Plu	, A
JOHN I. UK	DEGREE	1227 WASHIN		
24A. BURIAL CREMATION, 248. DATE 24 REMOVAL (Specify)	C. NAME of CEMETERY OF CR	EMATORY 24D. LC	OCATION (City	r, town, or county) (State)
BURIAL MAR 27-72			ELKRIDGE	HOWARD MD
AND OA THE RECT ST HEALTH DEPT. 258. NA	ME OF REGISTRAR	25C. FUNERAL DIRECTOR	CINC TILL	RELAIND PLAU

VS 150-REV. 1/1/68

AFTER STATE OF STATE STATES SEARCH THE STATE OF THE STATE O The Maria Seed Marianesan and D TO HAT P. STREET & THE WAY DON'T WASHING TON ILLY OF ". BURGER THE STATE HER THEN BELLEVING SERVINGE SERVING HER BURGER STATE OF THE SERVING HER THE THE PROPERTY OF THE PROPERTY OF THE PARTY OF

72 02942 BALTIMORE CITY HE	EALTH DEPARTMENT
4-630 MEDICAL EXAMINER'S	CERTIFICATE OF DEATH PEG NO 72 02942
BIRTH NO.	REG. NO.
1. NAME OF DECEASED (Type or Print) Joseph P. Ford	2. DATE OF Estimated Again 3 24 72 Hour 5.50 M.
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Manth Day Year Haur
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL ADDRESS OR LOCATION) OR INSTITUTION	PRONOUNCED DEAD 3 24 72 7:00 a. M.  5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
3 Viniversity Hospital	A. STATE  Md.  B. COUNTY  Md.
6. SEX 7. RACE B. MARRIED NEVER MARRIED	D. INSIDE CITY LIMITS?
male Negro WIDOWED DIVORCED	Waldorf YES NO [
9. DATE OF BIRTH 10. AGE (In years If Under 1 Yr. If Under 24 Hrs. Manths, Days, Haurs, Min.	E. STREET AND NUMBER
10-3-1952 ast birthday) Manths, Days Haurs Min.	Rt. #2 Box 195A
11. CIRTHPLACE (Stote or fareign country) 12. CITIZEN OF	13. FATHER'S NAME
At mauls Counte WHAT SUNRY?	Elmer Brown
TAA.US UAL OCCUPATION (Give kind of work) 148. / ND OF BUSINESS OR INDUSTRI dane for ring most of working life, even if gettred	RY 15. MOTHER'S MAIDEN NAME
Laborer U.S. Alant brokens state	mary C. Lord.
16. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL (Yes, na ar unknawn) (If yes, give war or dates af service) SECURITY NO.	IB. INFORMANT ADDRESS LANGE
n D	Barbera Jose (well med. )
19. F 9 2 2 10 CAUSE OF DEA	ATH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY Gunsh	not wound of head
LEADING TO DEATH (A)IMMEDIATE	CAUSE
	AS A CONSEQUENCE OF:
Injury ar camplication which caused death.)	
ANTECEDENT CAUSES (B)	
DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO, OR	R AS A CONSEQUENCE OF:
UNDERLYING CONDITION LAST	
Q II	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W	VAS PERFORMED 21. AUTOPSY? (Yes ar Na)
	yes
22A. EXTERNAL CAUSE WAS 22B. PLACE OF INJURY (e.g.	., in ar about 22C. WHERE DID (If in Baltimare City, give exact lacation) ice bldg., etc.) INJURY OCCUR?
UNDERLYING FOR CONTRIB- UTING CAUSE OF DEATH.  22D. TIME (Manth) (Day) (Year) (Hour) 122F INJURY OCCURRED	Rt. #2 Box 195A- Waldorf, Md.
	22F. HOWDID INJURY OCCUR?
(APPROX.) 3 24 72 5:40 WHILE AT NO	Subject accidentally shot himself.
23.	
I certify that I held on Inquiry Inspection A	
resulted from: Notural causes Accident XX Suici	ide Hamlolde Undetermined monner
ACTUAL SILVER SILVERS	CHIEF MEDICAL EXAMINER DATE SIGNED
SIGNATURE MILLION M.	ASSISTANT MEDICAL EXAMINER
EXAMINER'S Peter Lipkovic, M.D.	ASSOCIATE MEDICAL EXAMINER   3/24/72
NAME (Type)	V. COSMANDA I COSMANDA I
24A. BURIAL CREMATION, 24B. DATE 249 NAME of CEMETERY	Y or CREMATORY 24D. LOCATION (City, tawn, ar county) (State)

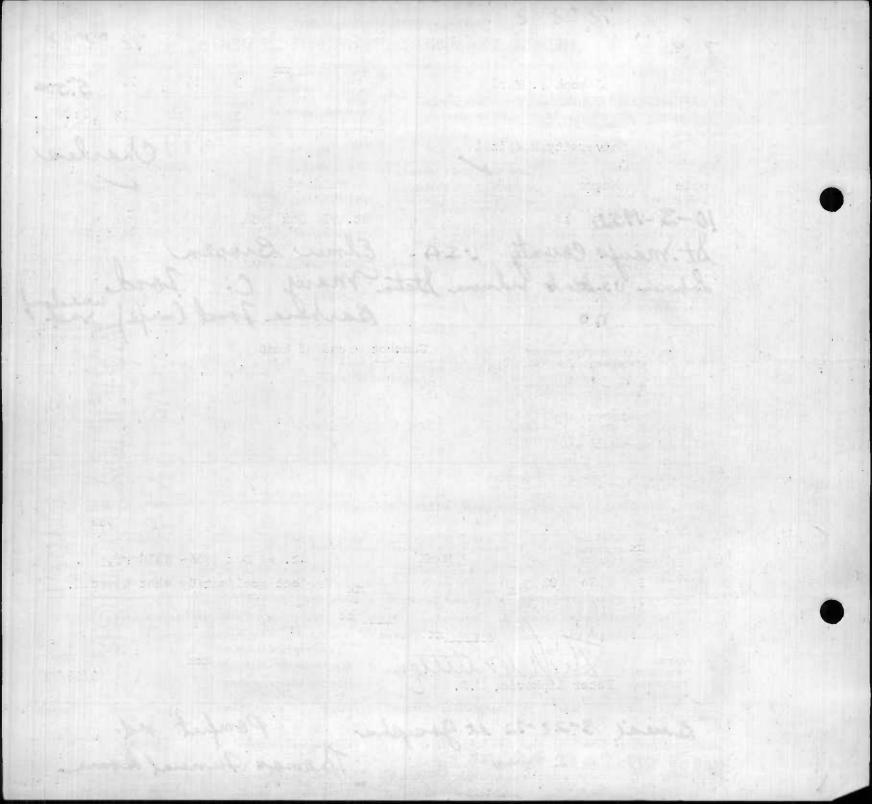
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF RESISTRAR

MAR 24 1972 Policy E. July M. B.

25C. SHINERAL DIRECTOR

VS 151-REV. 1/1/6B

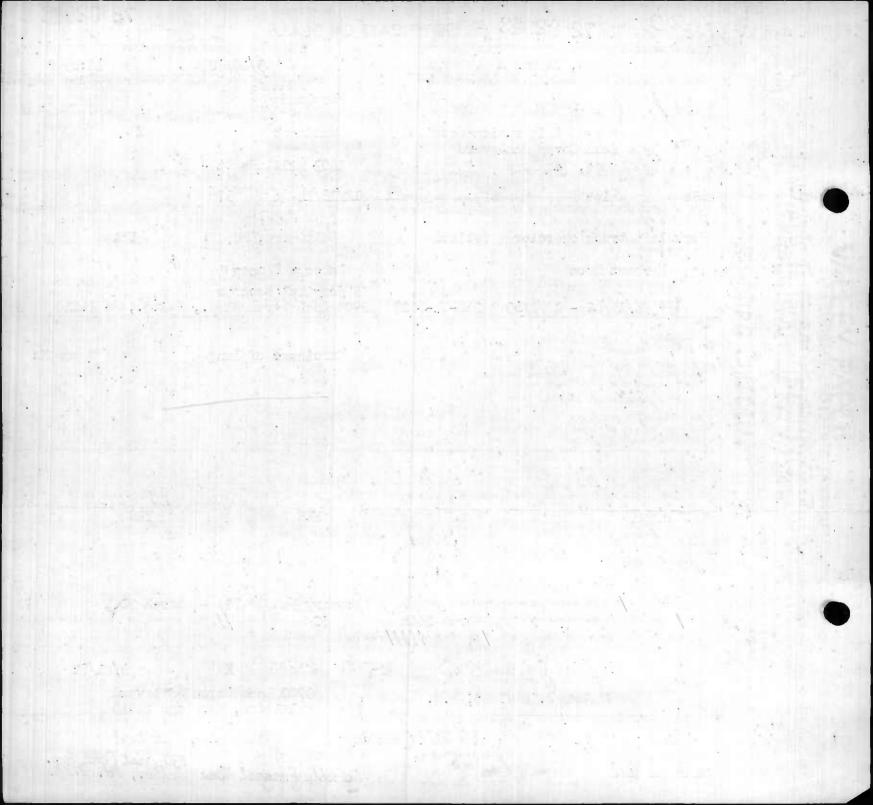
REMOVAL



#### IMPORTANT FUNERAL DIRECTOR:

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. VS 150-REV. 1/1/68

1/	BALTIMORE CITY	HEALTH DEPARTMENT		72 02943
H-300 72 02943	CERTIFICA	TE OF DEATH		X 170,-1
1. NAME OF DECEASED  (Type or Print)  HOOD, TAYMAN A			3/20/72	10:45 P M
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRON	OUNCED DEAD	A. STATE B. CO		nstitution: residence before odmission)
FULL NAME OF (IF NOT IN HOSPITAL OR INST	ITUTION, GIVE STREET	Maryland		2703
Veterans Administrat	•	C. CITY OR TOWN Baltimore	D. IN	SIDE CITY LIMITS? Y
3900 Loch Raven Boule		E. STREET AND NUMBER		YES. NO .
Baltimore, Maryland	evalu	1423 Willi	ams St.	
	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under 24 Hrs. Manths: Doys Haurs: Min.
Male White WIDOWE	D DIVORCED	12/16/14	last birthdoy) 57	Munins Doys Hours Min.
IOA. USUAL OCCUPATION (Give kind of work 108, KIND (dane during most of working life, even if refired)	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State at fo	areign cauntry)	12. CITIZEN OF WHAT COUNTRY
Fork lift truck operator	retired	Baltimore 14. MOTHER'S MAIDEN N	Md	USA
Herbert Hood		Rebecca Ch		
15. Was Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL	"VA Hospital B		ADDRESS
Yes, no or unknown) (If yes, give war or dates of service) Yes 5/15/42 - 10/2/43	SECURITY NO. 218-01-6027	3900 Loch Ray	vecoras	alto. Md 21218
18. / / 1	CAUSE OF DEAT		Tell Divas, De	APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY				BETWEEN ONSET AND DEATH
LEADING TO DEATH	(A)IMMEDIATE CAU	se Carcinoma	of lung	9 months
(This does not mean the made of dying, e.g. heort failure, asthenia, etc. It means the diseas	DUE TO, OR AS	A CONSEQUENCE OF:	·	
injury or complication which coused death.)				
ANTECEDENT CAUSES	(B)	A CONSEQUENCE OF:		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
DISEASES OR CONDITIONS, if ony, givin ise to the above cause (A) stating the	9	A CONSEQUENCE OF:		
UNDERLYING CONDITION last.	(c)			
O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING				
O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINA DISEASE OR CONDITION GIVEN IN PART 1 (A).				
	WHICH OPERATION	20A. AUTOPST? (Yes ar	Na) 208. IF YES, WERE	FINDINGS CONSIDERED
L L L L L L L L L L L L L L L L L L L		YES		YES
OR CONTRIBUTING CAUSE OF CAUSE	1B. PLACE OF INJURY (e.g., i ome, farm, factory, street, of ic.)	n or about 21C. WHERE DID fice bldg., INJURY OCCUR?	(If in Boltimo	ore City, give exact location)
	E INJURY OCCURRED	21 F. HOW DID I	NJURT OCCUR?	
₹ (ABBDOV)	Vhile At Not While At Work	•		
22. 1 certify that (1) (this hospital) attended	the deceased from	Rehmany 5th	19 72 to Ms	rch 20th 19 79
that (1) (we) lost saw the deceased alive on	March 20th	1972and	that in ( fay ) (aur) ap	inion death occurred on the date
ond hour and from the causes stated above.				
23A. SIGNATURE				23B. DATE SIGNED
alfred Il Jan	MD DEGREE Phy	nding Med.	Staff Phys. K	3/21/72
23C. PHYSICIAN'S NAME (Type) AT H'RED J. DANT	ELS, M.D.	23D. ADDRESS 3900 I	Loch Raven Bo	oulevard
	GEGREE	Baltin	nore, Marylar	nd 21218
REMOVAL (Specify)	NAME of CEMETERT OF CRI		Baltimore, 1	
	OF REGISTRAR	2SC. FUNERAL DIRECT		O East Appressive.
MAR 9 1 9972 See 8 2 Valo	ay, M.D.	Mr. II. E.	anal Home A	170 17 21230



N BIRTH	)-620	3	72 ( MED	294 DICAL	A BAL	TIMORE CITY HE	CERTIFIC	CATE	OF I	DEAT	H REG.	No. 7	2 0	2944	1
I. NA	ME OF DEC		McKINL	EY M	ORRIS		2. DATE OF DEATH	Known Estimated	d	Month	Day		Year	Hour	м.
FULL N	STITUTION	(IF NO	T IN HOSPITA	AL OR INS			5. USUAL R	INCED DEA	Ma		Day ., 1972 ved. If instit B. COUN		Year sidence b	Hour 12:30 efore odmiss	P.M.
T			HOSPITA		76		il	arylan	d	104	LTD		5	30	70
6. SEX		7. RACE Whit	0		promp.	VER MARRIED	C. CITY OR	imore			D. INSID	E CITY L	_		
	TE OF BIRTH		10 ACE /I	WIDOV		Yr. If Under 24 Hrs.			BER			YES		10x	
	26/19		lost birthdo	71		loys Hours Min.				Road					
	THPLACE (S		gn country)	7 2	12. CITIZE		175 Cherry Dell Road								
Pe	nnsyl	vania	L		WHAT	S.A.	Edv	vard !	T. N	lorri	s				
	UAL OCCUP			148. KINE		VESS OR INDUSTR	Y 15. MOTHE	R'S MAIDEN	NAMI	E					
sn	rippin	g cle	rk			sinessFo			A.						
16. W. Yes, n	AS DECEASE o or unknown)	ED EVER IN (If yes, give	U.S. ARMEI wor ar dotes	of service	5?   17. <u>.</u>	SOCIAL SECURITY NO.	IB. INFORM					ADDR			
- Iro								Ethel	K.	Morr	ris 1	75 (		ryde.	
19.	E81.	5.0				CAUSE OF DEA								PROXIMATE INT	
			ITION DIRE	CTLY		Blunt	force i	njury	to a	Daome	n				
	(This does no heart foilure, injury ar cam	osthenio, et	mode of dy	e diseose,		DUE TO, OR	CAUSE AS A CONSEQ	UENCE OF:	samannaman sarah danilindindin da		grander (france france fran	5-6-6-6-6-6-6-6-6-6-6-6-6-6-6-6-6-6-6-6			
NO.	DISEASES OF THE UNDERLYIN	ABOVE CA	ONS, IF AN' USE (A) STA ION LAST.			(B)	AS A CONSE	QUENCE OF							
CERTIFICATION	OTHER SIGN TO THE DEA DISEASE OR	TH BUT NO	T RELATED TO	THE TERM	INAL	Arteri	osclero	tic ca	rdio	vascu	lar d	iseas	se	gas ago sur-rea que dos sos has sos sos has sos has dos de	in to sector to secure to to .
CERT 50	A. DATE OF	OPERATIO	N 208. CO	NDITION	FOR WHIC	CH OPERATION W	AS PERFORM	ED				21		PSY? (Yes o	r No)
₩ 22 0	NDERLYING TING CAP D. TIME ( F INJURY	Month) (	ITRIB-	r) (Hou	home, form	E OF INJURY(e.g., n, foctory, street, afficet	ce bldg., etc.) II	2C. WHERE NJURY OCC a <b>iden</b> 2F. HOW D	Choi	ce La	ne,Ca		700	e,M.d.	00
23				5 P.	m. WORK			Driver	JUTE.					collis	ion_
			reld on I			_	tapsy X		7		death In		nian		
	result	ed fram:	fatu)al cau	ses 🔲	Accide	ent X Suiti		micide L CHIEF MEDI			ned mann	ner 🔲			
	ACTUAL	-//	ult	/ /	11/2	M	ASSI	STANT MED			X			DATE SIGN	IED
	SIGNATU	ERIS	- 4	-	1	M.C	J.	CIATE MED						3/22/	72
	NAME (T	ype) R	onald I	N. Ko											
REMO	BURIAL CREA OVAL (Specif Surfal		3/23/	1972		ame of CEMETERY  udon Par		PRY	_	ocation altim	city,	Maj			e)
	DATE REC'D	BY HEALTH			1	REGISTRAR	25C.	UNERAL D	IRECTO	R		ADDR	RESS		
	MAR 2	1972	D. C.	083	Ri	AND O	G.T	ruman	Sc.	hwab	351	2 Fr	rede	rick	Ave.

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Single J. Hornie

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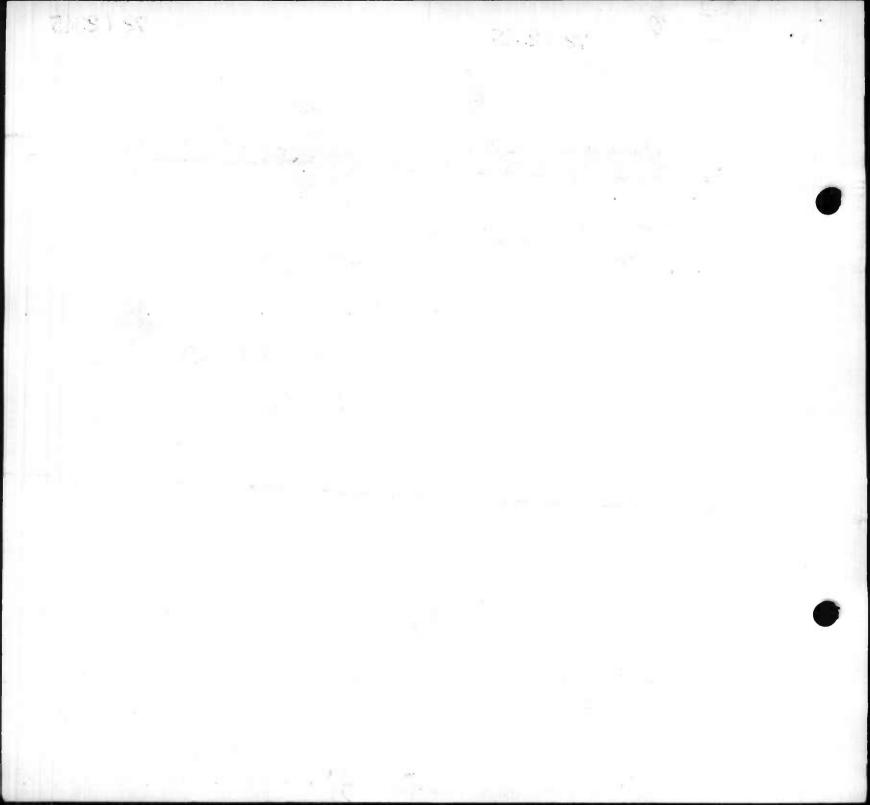
Arm Ethol A. : Morris 1775 Cherryhell 44.

ouden Fark Baltament. Naryland

G. Trum in Johnsh 5512 Fraderick

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death, shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. FUNERAL DIRECTOR: IMPORTANT

72 02945 CERTIFICA	TE OF DEATH REG. NO. 72 02945
1. NAME OF DECEASED (Type or Print)	2. DATE AND HOUR OF DEATH
Henbent H Fano 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	March 23, 72 M.  4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission)
	A. STATE B. COUNTY /6 5
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION) INSTITUTION	C. CITY OR TOWN D. INSIDE CITY LIMITS?
3 -	Baltimore YES NO
Church Home & Hospital	E. STREET AND NUMBER 2205 E. Baltimore Street
5. SEX 6. RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (in years   11 Under 1 Yr.   11 Under 24 Hrs.   Months; Doys   Hours   Min.
IDA. USUAL O CCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY	10/6/14 57
done during most of working life, even if refired	
6	Ohio USA
13. FATHER'S NAME Standard Distillers	Florence Hart
0 0 /	
(Yes, no or unknown) (If yes, give wor or doles of service)  16. SOCIAL SECURITY NO. 278-07-1584	17. INFORMANT  ADDRESS  Mrs. Gladys B. Earp 2205 E. Baltimore St.
18. 4/2./I CAUSE OF DEATH	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	C. I. II. I Q. I.
(This does not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease,	CONSEQUENCE OF:
injury or complication which caused death.)  ANTECEDENT CAUSES	214 1100
(B) (C (C)	A CONSEQUENCE OF:
ise to the above cause (A) stoting the UNDERLYING CONDITION last.	perform Carolis Variaba losa 10 Gy
11	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  19A-DATE OF OPERATION 19B CONDITION FOR WHICH OPERATION WAS PERFORMED  21A-ACCIDENT WAS UNDERLYING 1 21B PLACE OF INITIPY (AC. In	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (nofily medical examines)  21B. PLACE OF INJURY (e.g., in home, lorm, lactory, street, alfield of injury	ar obout 21 C. WHERE DID (If in Boltimore City, give exact location) ce bldg., INJURY OCCUR?
21D. TIME (Month) (Doy) (Yeer) (Hour) 21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
(APPROX.) While At Not While At Work	
22. 1 certify that (1) (this hospital) attended the deceased fram.	7 1959 10 1 24 1977
that (1) (we) last saw the deceased alive an 3/2	1977 and that in(my) (aur) opinion death accurred on the date
and haur and from the causes stated above. (1) (We) (did) (did not) vi-	ew the bady after death.
S. C. Feldman M. D. DEGREE Phys.	ding Med. Staff Director Phys. 238, DATE SIGNED
23C. PHYSICIAN'S NAME (Type) S ( Foldman)	14406 Rulted Bult Mil
24A- BURIAL CREMATION, 24B. DATE 24C, NAME of CEMETERY OF CREA	The state of the s
Burial 3/25/172 Vak Lawn Cemete	ry Baltimore, Maryland
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR MAR 24 1972 Wassens E. Maren, A.D.	25C. FUNERAL DIRECTOR ADDRESS John A. Morden, Inc. 3000 E. Baltimore St.
VS 150-REV. 1/1/68	1//0-



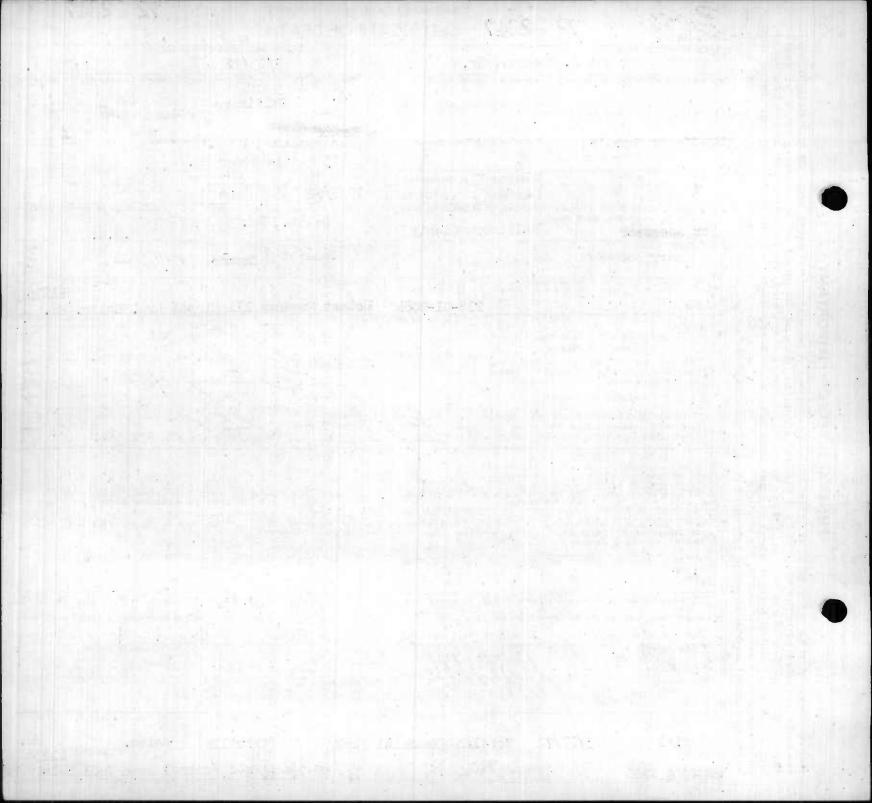
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such

A-535 72 02948	BALTIMORE CITY	HEALTH DEPARTMENT		72 02946
BIRTH NO.	CERTIFICA	TE OF DEATH	REG. NO	TE UEDAO
Type or Print) Andon, Tax	nara L	3-2	1-72	1/1200
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRO	NOUNCED DEAD	4. USUAL RESIDENCE IWHER	o decoosed lived. If i	institutions residence before admission
FULL NAME OF OF NOT IN HOSPITAL OR IN:	STITUTION, GIVE STREET	MARYLAND		2738
FULL NAME OF HOSPITAL OR INSTITUTION JOHNS HOPKINS	HOSPITAL	C. CITY OR TOWN	D. IN	SIDE CITY LIMITS?
3 601 N. BROADW		BALTIMORE		YES NO
		6142 MARLOF	A DOAD	
5. SEX   6. RACE   17. READON			9. AGE (In years	If Under 1 Ys., II Under 24 Hr.
FEMALE WHITE WIDOW	ED DIVORCED	01/14/65	lost birthdoyl 7	Months Doys Hours Min.
IOA. USUAL OCCUPATION (Give kind of work 108, KIND lone during most of working life, even if refired)	OF BUSINESS OR INDUSTRY	BALTIM UR		12, CITIZEN OF WHAT COUNTS
None 3. FATHER'S NAME		14 MOTHER'S MAIDEN NAM		
CHARLES ANTON	il 6. SOCIAL	MARY D	JALLY	ADDRESS
5. Was Deceased Ever In U. S. Armed Forces? fes, no or unknown) of yes, give war or dotes of service		100 INFORMACION		ADDRESS
No	No ne	Charles G. Anto	on Jr	Same
18. /9/×1	CAUSE OF DEAT			APPROXIMATE INTERVAL BETWEEN ONSET AND DEA
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		TONTINE	GLICHA	1 YEAR
[This does not mean the mode of dying,	(A) IMMEDIATE CAL	A CONSEQUENCE OF:		
heart failure, asthenia, etc. It means the disectinjury or complication which caused death.)		VEDUSERADEILOTOIL (VE	ESP. FAILURE	.)
ANTECEDENT CAUSES				
	(8) OR AS	A CONSEQUENCE OF:	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
DISEASES OR CONDITIONS, if any, gives to the above cause (A) stating		A CONSEQUENCE OF		
UNDERLYING CONDITION last	(c)			
- II				
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMIN DISEASE OR CONDITION GIVEN IN PART 1 (A).  194-Date of OPERATION 198 CONDITION FOR WAS PERFORMED.	IG AL			
OISEASE OR CONDITION GIVEN IN PART 1 (A),		20A AUTOPSY? (Yes or No	208, IF YES. WERE	FINDINGS CONSIDERED
2 5-11-72 (71) WAS PERFORMED	- FOSM TUMOR	YES	IN CERTIFIENO C	FINDINGS CONSIDERED AUSES OF DEATH?
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING GAUSE OF DEATH (notify medical examined	218. PLACE OF INJURY (e.g., home, farm, factory, street of c.)	1		ore City, give exect location)
O 21D-TIME (Month) (Doy) (Year) (Hour)	21 E INJURY OCCURRED	NO 21F. HOW DID INJ	URY OCCUR?	
K OF INJURY	While At Not Whi	le la la la la la la la la la la la la la		
	11 11 11 11 11 11 11 11 11 11 11 11 11		19 72 to	ZI MARCH 19 TZ
22. I certify that (NL(this hospital) attended	- A MAG (1)	=1.		
that (H) (we) last saw the deceased alive	/11		at intmy) (aur) ap	Inlan death occurred an the do
and haur and from the causes stated above	o. [4] (We) (did) (did not)	riew the body after death.		
23A. SIGNATURE You Stecher.	M )	ending Med.	Shell ET	23 B. DATE SIGNED 3-21-72
	DEGREE Phy	s. Director L	Sheff Phys.	3-01-1-
23C. PHYSICIAN'S NAME (Typel		23D. ADDRESS		
KARL STECHER, JI	R. M.D. DEGREE	JOHNS HOPKII	NS HOSPIT	AL
	NAME OF CEMETERY OF CR	EMATORY 24D. L	DCATION (C	City, town, or county) (State)
	Gardens of Fait	h Cemetery		Balto Md.
25A. DATE REC'D BY HEALTH DEPT.   25B. NAM	AE OF REGISTRAR	25C. FUNERAL DIRECTOR		ADDRESS
	s trade of the	Mitghells Was	defel Home	e 6500 York Rd.
	- 13 - 13 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	1,	AGTETUOIN	0 07

oper. 5/11/91 Per hospital

the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.
the body was released to the hospital by a medical examiner. Also, if the direct or contributing shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined constants as a b.O.A. at a hospital (except where the physician who pronounced death was in regular a deceased prior to death); and (6) No physician was in regular attendance on the deceased prior written approval must be obtained before the remains are embalmed or final disposition is made.
the body was released to the hospital by a medical examiner. Also, if the direct or co shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undete was D.O.A. at a hospital (except where the physician who pronounced death was in receased prior to death); and (6) No physician was in regular attendance on the dece written approval must be obtained before the remains are embalmed or final disposition in the contraction.
the body was released to the hospital by a medical examiner. Also, if the dir shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (was D.O.A. at a hospital (except where the physician who pronounced death deceased prior to death); and (6) No physician was in regular attendance on written approval must be obtained before the remains are embalmed or final dis
the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.
the body was released to the hospital by a medical examines shows: (1) An accident of any nature; (2) Body burns; (3) A fract was D.O.A. at a hospital (except where the physician who p deceased prior to death); and (6) No physician was in regula written approval must be obtained before the remains are emit
the body was released to the hospital by a medical shows: (1) An accident of any nature; (2) Body burns; was D.O.A. at a hospital (except where the physicia deceased prior to death); and (6) No physician was written approval must be obtained before the remain
the body was released to the hospital by shows: (1) An accident of any nature; (2) Bo was D.O.A. at a hospital (except where the deceased prior to death); and (6) No physical tritten approval must be obtained before the
the body was released to the hosp shows: (1) An accident of any nature was D.O.A. at a hospital (except volumes and except volumes); and (6) written approval must be obtained
the body was released to shows: (1) An accident of was D.O.A. at a hospital deceased prior to death); written approval must be
the body was re shows: (1) An ac was D.O.A. at a deceased prior t written approva
the boc shows: was D. deceas

PAS	BALTIMORE CITY	HEALTH DEPARTMENT		72 02947
BIKITI NO.	17. CERTIFICA		REG. NO	16 050 47
1. NAME OF DECEASED (Type or Print) Ernest J. Roesner	· Sm		10 HOUR OF DEATH	
	•	-, -		institution: residence before admission
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRO FULL NAME OF (IF NOT IN HOSPITAL OR IN:	34	A. STATE B. COUN	imore	S S S S S S S S S S S S S S S S S S S
HOSPITAL OR ADDRESS OR LOCATION)		C. CITY OR TOWN	SIDE CITY LIMITS?	
17		Essex		YES NO Y
Mercy Hospital		E. STREET AND NUMBER	3	
		413 Middle 1	River Rd.	
5. SEX 6. RACE 7. MARRI	NEVER MARRIED DIVORCED DIVORCED		9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs. Manths Doys Hours Min.
IOA. USUAL OCCUPATION (Give kind of work 108, KIND	OF BUSINESS OR INDUSTRY			12. CITIZEN OF WHAT COUNTRY?
	imore County	Balto., M		U.S.A.
Henry Roesner	¥ (15) L 1 (2)	Pauline	ME Espano	
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dates of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS 21236
No	218-01-2084	Robert Roesner	121 Sippel	Ave. Balto. Md.
This does not mean the made of dying, the official contribution of the provided injury of complication which coused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, give itself to the obove couse (A) stoling underlying condition last.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMIN DISEASE OR CONDITION GIVEN IN PART 1 (A).  19A. DATE OF OPERATION 19B. CONDITION FOR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	ing the (C)	20A. AUTOPSY? (Yes or No	IN CERTIFYING C	E FINDINGS CONSIDERED AUSES OF DEATH?
<u> </u>	21E, INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
OF INJURY (APPROX.)	While At Not Whi	le 🗆		
22. I certify that (I) (this hospital) attended that (I) (w/x) lost sow the deceased alive and hour and from the course stated above	on 3-23	3-14 19 72 and th	19 72 to	3 - 23 19 72 pinion deoth occurred an the date
23A. SIGNATORE  23C. PHYSICIAN'S NAME (Type)	MAN OEGREE PHY	ending Med.	Shaff Phys.	23B, DATE SIGNED
24A. BURIAL CREMATION, 24B. DATE 240 REMOVAL (Specify)	OEGREE C. NAME of CEMETERY OF CR	EMATORY 24D. L	OCATION	City, town, ar county) (State)
Burial 3/27/72 M	oreland Memoria		rkville	Balto. Md.
AAR 24 1972 PLAGE NAME OF THE PARTY OF THE P	The Or REGISTRAN	25C. FUNERAL DIRECTOR	1	ADDRESS 21236 al Home 7401 Belair



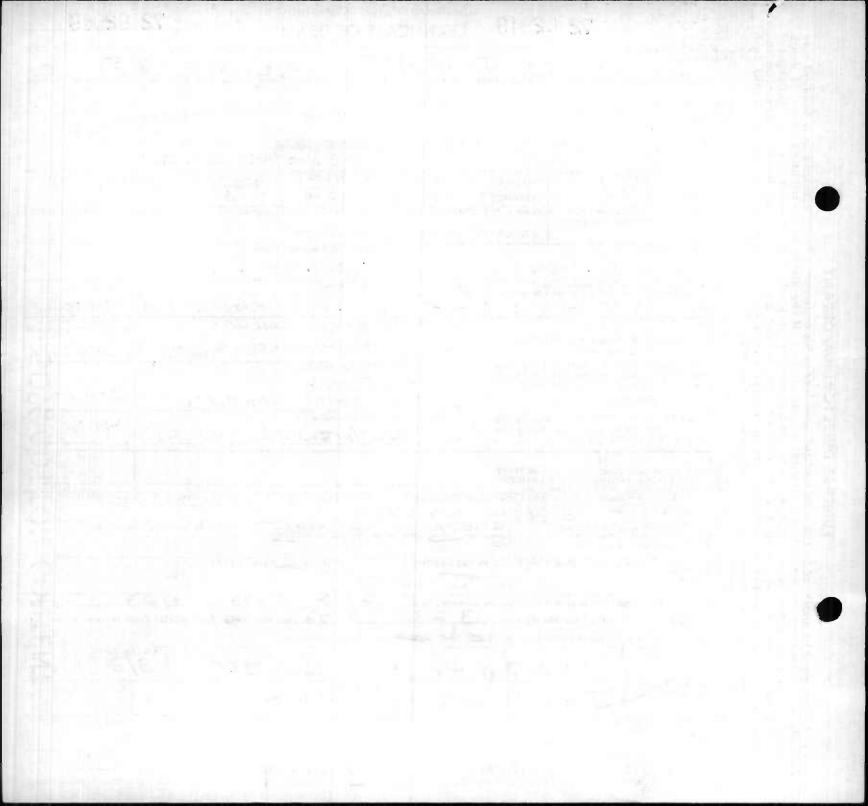
72.02948 baltimore city health department MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO. BIRTH NO 1. NAME OF DECEASED Known XX 2. DATE Hour Manth Year OF 3 11 72 Stephen Gaisbauer Estimoted DEATH 4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 3. DATE Haur Month Day Year PRONOUNCED DEAD 3 6:08 (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) 11 72 p. FULL NAME OF HOSPITAL OR INSTITUTION 5. USUAL RESIDENCE (Where deceased lived. Il institution: residence before admission) A. STATE Baltimore City Hospital B. COUNTY Md. 6. SEX 7. RACE C. CITY OR TOWN D. INSIDE CITY LIMITS? B. MARRIED NEVER MARRIED Balto. WIDOWED . YES X DIVORCED White NO male 9. DATE OF BIRTH 10. AGE (In years # Under 1 Yr. II Under 24 Hrs. E. STREET AND NUMBER Manths | Doys | Haurs | Min. last birthday) 2-9-22 50 6603 Gary Avenue 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF 13. FATHER'S NAME WHAT COUNTRY? Germany Not Known 14A. USUAL OCCUPATION (Give kind al work) 14B. KIND OF BUSINESS OR INDUSTRY 15. MOTHER'S MAIDEN NAME done during most of working lile, even il retired)
Draftsman Theresa ? 17. SOCIAL 216-16-2889 IB. INFORMANT Friend: 16. WAS DECEASED EVER IN U.S. ARMED FORCES? 11460 Steelton Ave. (Yes, noor unknown) (II yes, give war or dates of service) Mrs. Marion E. Barton Balto. Md. 21224 APPROXIMATE INTERVAL CAUSE OF DEATH BETWEEN ONSET AND DEATH Arteriosclerotic cardiovascular disease DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A)IMMEDIATE CAUSE (This does not mean the mode of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF heart failure, asthenia, etc. It means the disease, injury or camplication which coused deoth.) **ANTECEDENT CAUSES** DUE TO, OR AS A CONSEQUENCE OF DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C). NO IFICATI 11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). CERTI 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WAS PERFORMED 21. AUTOPSY? (Yes or Na) yes 22A. UN 22B. PLACE OF INJURY (e.g., In or obaut 22C. WHERE DID (If In Baltimore City, give exact location) **EXTERNAL CAUSE WAS** hame, farm, lactory, street, office bldg., etc.) INJURY OCCUR? UNDERLYING OR CONTRIB UTING CAUSE OF DEATH. 22D. TIME (Manth) (Day) (Year) (Haur) 22E, INJURY OCCURRED 22F. HOW DID INJURY OCCUR? OF INJURY WHILE AT NOT WHILE I (APPROX.) AT WORK Inspection Autopsy XX and that on this basis, death in my apinion I certify that I held an Inquiry Suicide . resulted from: Natural causes XX Accident Homicide \_\_\_ Undetermined manner CHIEF MEDICAL EXAMINER DATE SIGNED ACTUAL ASSISTANT MEDICAL EXAMINER XX **SIGNATURE** 3/12/72 Peter Lipkovic, M D. EXAMINER'S ASSOCIATE MEDICAL EXAMINER NAME (Type) 24C. NAME of CEMETERY or CREMATORY 24A. BURIAL CREMATION, 24B. DATE 24D, LOCATION (City, tawn, or caunty) (State) REMOVAL (Specify) Burial 3-24-72 Holy Redeemer Cemetery Baltimore, Maryland 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR **ADDRESS** 

John J. Duda 7922 Wise Ave. Dundalk, Md.

Control of the second second STREET, SOUNDAMENT AND RESE waters State of the Content to Content Whole Site is in the land of the content of the 

the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This cortificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and FUNERAL DIRECTOR: IMPORTANT

	Y HEALTH DEPARTMENT	FO 0004#
BIRTH NO.	TE OF DEATH	72 02949
(Type or Paint) RAIPH J. Shule		8157 PM
3. PLACE IN BALTIMORE, MARTLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived. If ins	titution: residence before admission)
full name of GF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)  Maryland General Hospital		S 3 0 40
MGHI Balto-Md.	Woodlawn  E. STREET AND NUMBER  7033 Glen Spring Road, 2	YES NO (A)
5. SEX   6. RACE   7. MARRIED   NEVER MARRIED   WIDOWED   DIVORCED	8. DATE OF SIRTH 9. AGE (in yours lost birthdoy)	If Under 1 Yr. II Under 24 Hrs. Months Days Hours Min.
IDA. USUAL OCCUPATION (Give kind of work TOB, KIND OF BUSINESS OR INDUSTRY		12. CITIZEN OF WHAT COUNTRY?
done during most of working life, even # roticed) State of Maryland	New Jersey	USA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
Late Ralph H. Shuler	Julia M. Cure	
15. Was Decembed Ever in U. S. Armed Forces? (Yes, no or unknown) UI yes, give war or dates of Service)  yes  11/10/43-11/4/45  136-20-3938	Mrs. Julia Shuler, 7033 G	len Spring Road
18. CAUSE OF DEAT		APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY	1 ( = = .	BETWEEN ONSET AND DEATH
LEADING TO DEATH	USE TEPATORENAL SYNOTO	me 2 week)
heart failure, asthenia, etc. It means the disease.	A CONSEQUENCE OF:	
injury or complication which caused death.)	EEDING.	13-4 m05
ANTECEDENT CAUSES (B) ESC	SA CONSEQUENCE OF:	7 7110
DISEASES OR CONDITIONS, if any, giving fise to the above cause (A) stating the UNDERLYING CONDITION last.	UTRIMIONAL CIRRHO	515 455
ll li		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL  I DISEASE OR CONDITION GIVEN IN PART 1 (A).		
198 CONDITION FOR WHICH OPERATION WAS PERFORMED ING 25074. UNA	20A AUTOPST? (198 of No.) 20B. IP YES, WERE FIN CERTIFYING CAU	NDINGS CONSIDERED ISES OF DEATH?
OR CONTRIBUTING CAUSE OF DEATH (notify medical examined)	in or obout 21 C. WHERE DID (If in Beltimore bldg. INJURY OCCUR!	City, give exect locotion)
21D. TIME (Manih) (Doy) (Year) (Hour) 21E INJURY OCCURRED  While AT 1 Not Whi	21F. HOW DID INJURY OCCUR?	
	10	
22. I certify that (this haspital) attended the deceased from	2/12 1972 10 3	/23 1972
that (1) (we) last sow the deceased alive on 3/23		
and hour and from the causes stated above. (1) (16) (did) (44-67)	view the body after death.	ion deoth occurred on the dots
23A. SIGNATURE AM	ending Med. Stoff Phys.	23R DATE SIGNED
23C. PHYSIONAN'S NAME (Type) TURK M. POR P. POR MIN	23D. ADDRESS	
DEGREE 24A. BURIAL CREMATION, 24B. DATE   24C, NAME of CEMETERY of CR	REMATORY 240. LOCATION (City	y, town, or county) (Statel
Burial 3/27/72 Lorraine Park Ce		aryland
25A, DATE REC'D SY HEALTH DEPT. 25B, NAME OF REGISTRAR	25C, FUNERAL DIRECTOR	ADDRESS 21.228
MAR 2.4 1972 Vales & Marie (1)	O Witzke, 1639 Edmondson A	ve., alae



#### IMPORTANT FUNERAL DIRECTOR:

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the Writt VS 150-REV. 1/1/68

Ki		2 0295	50	BALTIMORE CITY	HEALTH DEPAR		REG. NO	72	02950	
(Type or	E OF DECEASED	KKKK KKKK	R CI	1041			NP HOUR OF DE			45
3. PLAC	NAME OF (IF NO	ARYLAND, WHI	OR INSTITUTIO	CED DEAD ON, GIVE STREET		B. COU	ele deceased lived. NTY		residence before	P. M admission)
4.	1	HOSPITA	L BALT	TIMORE	BALTI E. STREET AND I	MORE	0.401.0	YES _	_	
11		HITE	WIDOWED	NEVER MARRIED DIVORCED	8. DATE OF BIRTH	XX	9. AGE (In years lost birthday)	If Und Months	Doys Haus	lei 24 His. Min.
dane duri	UAL OCCUPATION (Gring most of working life, of HOUSEWIFE	ve kind af work 10 even if retired)	B. KIND OF BU			itate or lare	eign country)	12. CIT	IZEN OF WHAT	COUNTRY
	ABRAHAM BER	I.IN	A HOW	IE.	RUSSIA 14. MOTHER'S M. CHIA	AIDEN NA	ME	US	SA	
11	Deceased Ever in U. or unknown) (If yes, giv		? of service)	SOCIAL SECURITY NO.	17. INFORMANT		ZMER, 516	Endale	ADDRESS TO	2.
18.	DISEASE OR CON	IDITION DIRECTO DEATH	TLY 9	CAUSE OF DEATH	n stem	CV,	A ,	BEACONS	APPROXIMATE I	NTERVAL AND DEATH
hea	is does not mean 11 ort failure, asthenia, e ory ar camplication w	e made of dy Ic, It means the hich caused de	e disease.	DUE TO, OR AS	SE A CONSEQUENCE O	F:	***************************************		26	
nse	ANTECEDE: EASES OR CONDI La the above DERLYING CONDITI	TIONS, if any	, giving oling the	(B)	A CONSEQUENCE	OF:			***************************************	***************************************
Y DISE	ER SIGNIFICANT CON THE DEATH BUT NOT I EASE OR CONDITION O	ELATED TO THE T	ERMINAL	DIABET		LLIT				
SETTE O	DATE OF OPERATION	WAS PERFOR	MED			TOPSY? (Yes or No.) 208, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?				
OR O	ACCIDENT WAS UN CONTRIBUTING CA TH (notify medicol exc	USE OF	hame, fo	CE OF INJURY (e.g., ir orm, factory, street, af	or obout 21 C. WHE	CCUR?	(il In Bolt	mare City, glv	e exact location)	
15 0 "	TIME (Month) (INJURY PROX.)	Poy) (Year) (H	Vhile A	URY OCCURRED  Not While At Work		V DID INJ	URY OCCUR?			
	certify that (1) (th		ttended the d		3/21/72		ot In (my) (our)	-	//	11842 abo data
and	haur and from the a			e) (did) (did not) vi	ew the body afte	r deoth.	or in page (out)			rne dare
	Armando PHYSICIAN'S	C. Li	javeo,	DEGREE Phys.	3D. ADDRESS	tor 🔲	Shoff Phys.	3	I SIGNED	
KEW	RIAL CREMATION, 24 MOVAL (Specify) URIAL		24C. NAME	of CEMETERY OF CREATER	SI	24D. LC	HOSP (TA	(City, town, o	LTIMORY COUNTY)	(Stole)
	R 24 1972	DEPT. 258	NAME OF RE	GISTRAR	SOL LEV	DIRECTOR	& BROS.,6		ADDRESS STERSTOW	N ROA

SOL LEVINSON & BROS.,6010 REISTERSTOWN ROAD

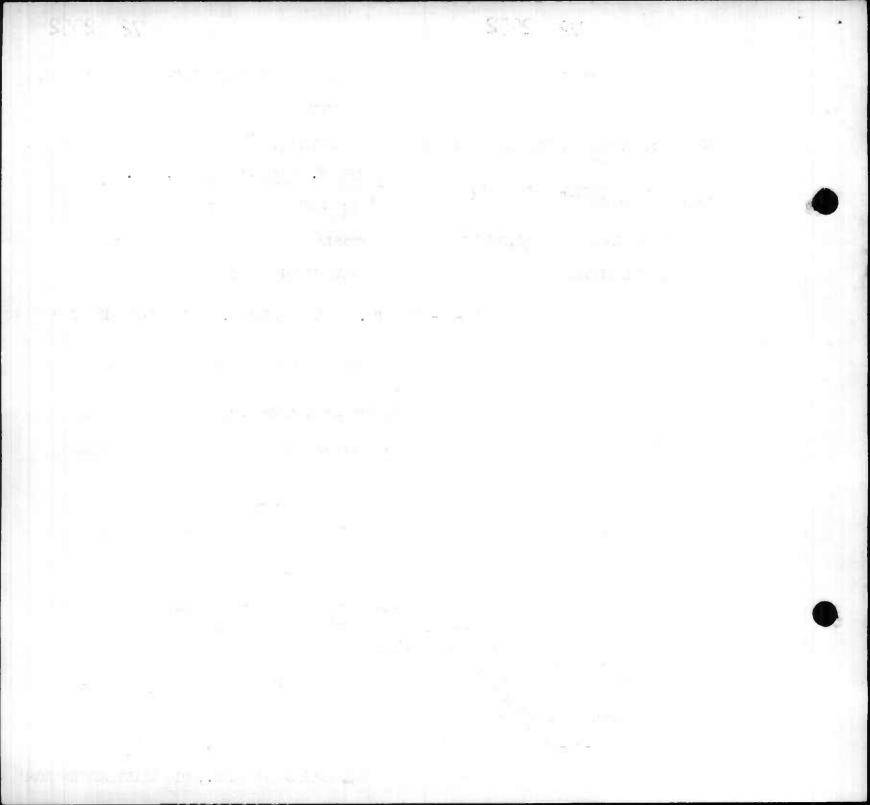
GLESS TRANSPAR

or his assistant if death eccurred in a hospital and	Also, if the direct or contributing cause of death of any kind; (4) Undetermined cause; (5) Deceased	counced death was in regular attendance on the	ned or final disposition is made.	
This certificate must be approved by the chief medical examiner or his assistant if death cocurred in a hospital and	the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the	written approval must be obtained before the remains are embalmed or final disposition is made.	

M och			BALTIMORE CITY	HEALTH DEPARTMENT		WO 00054
BIRTH NO.	72 (	2951	CERTIFICA	TE OF DEATH	REG. NO	72 02951
(Type or Print)	1. Heck	10.110	C	2. DATE	AND HOUR OF DEATH	355 P
3. PLACE IN BALTIMORE, I	OT IN HOSPITA	L OR INSTITU	TION, GIVE STREET	A. STATE MARYLAND	Where deceased lived. If in	nstitution: residence before admission)
HOITUTITZAI	HOPK I		PITAL	C.CITY OR TOWN BALT I MORE	D. INS	IDE CITY LIMITS?
33		100		E. STREET AND NUMBER		ted tad
FEMALE 6. RACE	IITE	MARRIED WIDOWED	NEVER MARRIED DIVORCED	4-10-07	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.
10A USUAL OCCUPATION ( done during most of working life	, even if refired)				foreign country!	12. CITIZEN OF WHAT COUNTRY
HOUSEWFI		ATI	HOME	FRANCE		USA
VICTORXXX	CAVICO			XXXXXXXXX F MARY MADELINE	IERLING	
15. Was Deceased Ever in U (Yes, no or unknown) (If yes, g	S. Armed Force	of service)	SECURITY NO.	17. INFORMANT		ADDRESS
MNO			216-14-4159	MR. BENJAMIN	I. NICKEL. 56	04 KEY AVENUE #212:
heart failure, asthenia, injury or camplication  ANTECED  DISEASES OR CONDITION  ise to the above UNDERLYING CONDITION  OTHER SIGNIFICANT CO TO THE DEATH BUT NO DISEASE OR CONDITION  17A DATE OF OPERATION  U 21A ACCIDENT WAS IN	which caused of ENT CAUSES DITIONS, if a cause (A) from last.  Ill DITIONS CON treatment of the course to the cour	ny, giving stating the TRIBUTING E TERMINAL 1 (A).	(c) Hemo pe Pleural Et	A CONSEQUENCE OF:  TICKY CIUM,  FUSIONG, K.    20A. AUTOPSYZIVES OF	No) 208 IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
21A ACCIDENT WAS U OR CONTRIBUTING C DEATH (notify medical e	AUSE OF -	21 B. I home etc.J	PLACE OF INJURY (e.g., in form, foctory, street, of	or about 21 C. WHERE DID	(If In Boltimor	e City, give exact lacotion)
	(Doy) (Year)		NOI While	21F. HOW DID	NJURY O CCUR7	/
23A. SIGNATURE  23C. PHYSICIAN'S NAME (Type)	ness F	alive an ed abave. (1)	3/22 (We) (drd) (did not) v	lew the bady after deat	that In (my) (aur) oph	19 /2 nion death occurred an the date  238, DATE SIGNED  3/22/72  4 Bally more
24A. BURIAL CREMATION, REMOVAL (Specify) BURIAL	3-24-72	NEW	ME OF CEMETERY OF CRE HAR SINAI	C	WINGS MILLS,	MARY LAND
MAR 9 A 1972	H DEPT.	SB. NAME OF	REGISTRAR	25C. FUNERAL DIRECT	BROS6010	ADDRESS  REISTERSTOWN ROAD

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

0	72 U2952 CED		HEALTH DEPARTMENT OF DEAT		o7	2 02952	
1.	NAME OF DECEASED			TE AND HOUR OF D			
	ABRAHAM WITTEN			MARCH 22, 1		2:50 P. M.	
3,	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD		4. USUAL RESIDENCE	(Where deceased lived	h If institution	: residence belore odmission)	
F	ULL NAME OF OF OF NOT IN HOSPITAL OR INSTITUTION, GIVE	STREET	MARYLANI			27/7	
	OSPITAL OR ADDRESS OR LOCATION)	31861	C. CITY OR TOWN		. INSIDE CITY	LIMITS?	
	LEVINDALE HEBREW GERIATRIC CENTER A	ND	BALTIMORE YES NO D				
	9 / HOSPITAL	110	E. STREET AND NUME				
5.			2500 W. BEL	VEDERE AVEN			
	WHITE WARRIED IXI NEVER MA	_		9. AGE (In years	Month	der 1 Yr. II Under 24 Hrs. S. Doys Hours Min.	
	A. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OF	ORCED TO	1-14 -1893	79	112.61		
do	ne during most of working life, even it retired)			ioleigh country	12.0	TIZEN OF WHAT COUNTRY?	
13	PAPER HANGER   CONTRACTOR		RUSSIA 14. MOTHER'S MAIDEN	1 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		USA	
	RAPHAEL WITTEN		ALTE PEARI				
15.				J 6			
(Ye	s, no of unknown) (If yes, give wor or doles of service) SECURITY	NO.	17. INFORMANT			ADDRESS	
_				WITTEN, 750	1 PRINC	E GEORGE ROAD	
	3 7 1 0	OF DEATH				APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		_				
	heart foilure, asthenia, etc. It means the disease.	ETO, OR AS A	SE Probable Gr CONSEQUENCE OF:	am - sepsis		days	
	injury or complication which caused death.)  ANTECEDENT CAUSES						
		Urin	nary tract in A CONSEQUENCE OF:	fection	***********	months	
	in- in the court course (M) signing the	10, UK AS	A CONSEQUENCE OF:				
	UNDERLYING CONDITION lost (C)	Deet	<del>bitus ulcors</del>	************************		months	
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL						
5	DISEASE OR CONDITION GIVEN IN PART 1 (A).  19A-DATE OF OPERATION 198. CONDITION FOR WHICH OPERA	TION	20A. AUTOPSY? (Yes	ox New 208, IF YES, W	ERE FINDING	S CONSIDERED	
ERTIFIC	WAS PERFORMED			IN CERTIFYING		DEATH?	
CAL C	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF IN. home, form, foctory etc.)	JURY (e.g., In /, street, affi	or obout 21 C. WHERE DI	D 21 1 1	es ltimore City, gl	ve exocl location)	
100	21D-TIME (Manthi (Doyl (Year) (Hour) 21E INJURY OCC		21F. HOW DID	INJURY OCCUR?			
8	(APPROXI	Not While At Work					
	22. 1 certify that (X) (this hospital) attended the deceased		- 1	*0 70 M	amah 22	70	
	that XIX (we) last sow the deceased alive on March 2			19 70toM		19_72	
	and hour and from the couses stated above (X) (We) (did) (			a tuat iu fankke (ont)	opinion dec	th occurred on the date	
	23A. SIGNATURE	ALPRIZADIZA, VI	ew the body diter ded	ith.	238. DA	TE SIGNED	
	All whoch Merth	Atten	ding Med.	Staff Phys.		it sidites	
	23C. RHYSI GIAN'S NAME (Type)	Phys.	Director L	Phys. 🗆	3-1	23-1972	
24/	BURIAL CREMATION, 248, DATE 24C, NAME of CEMET	ERY of CREA	MATORY 24	D. LOCATION	(City, town,	or countyl (Stotel	
	BURIAL 3-24-71 HEBREW YO			BALTIMORE, M			
25A	. DATE REC'D BY HEALTH DERT.   258, NAME OF REGISTRAR	<b>9</b> . [6]	2SC. FUNERAL DIREC	TOR2		ADDRESS	
	MAR 24 1972 Pale E. Teller, M.D.		SOL LEVINS	NE BROS.,6	010 REI	STERSTOWN ROAD	
VS	150-REV. 1/1/68						

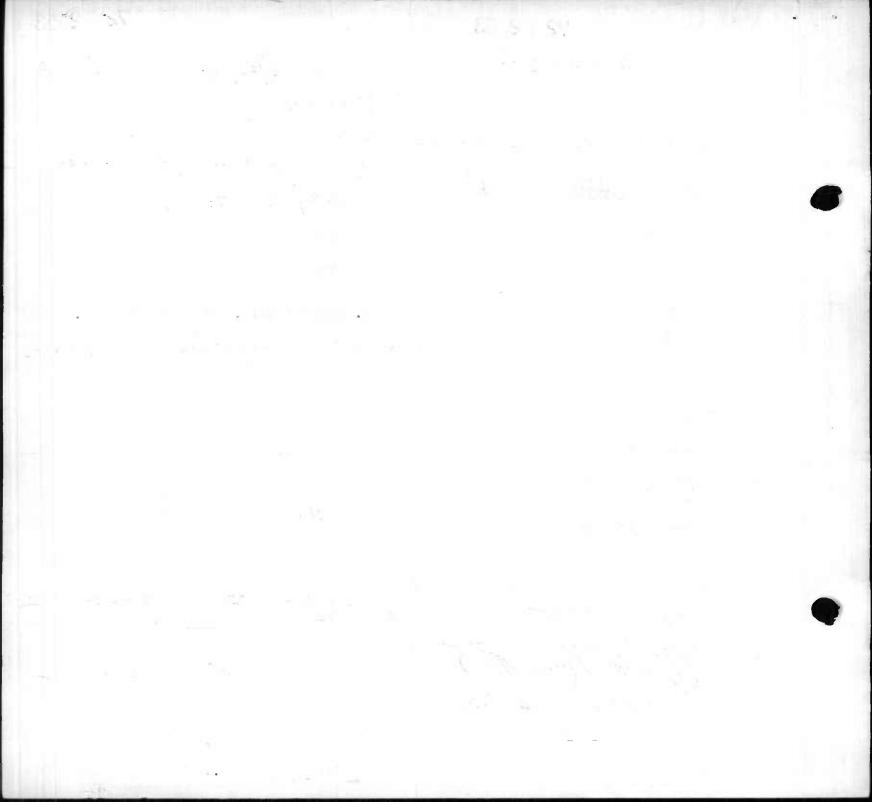


WAR 9 A VS 150-REV, 1/1/6B

30

5-500	72	0295	7	Y HEALTH DEPART		EG. NO.	72 02953
BIRTH NO.	12		CERTIFICA	ATE OF DEA	AIH "	.0. 110.	
(Type or Print)	HAIN .	EVA		2.	DATE AND HOUR	OF DEATH	575 A
3. PLACE IN BALTIMORE,	MARYLAND, W	HERE PRONOU	NCED DEAD	4. USUAL RESIDE	NCE (Where dedease	d lived. If institut	ion: residence before admission)
FULL NAME OF (IF HOSPITAL OR AD	NOT IN HOSPITA	AL OR INSTITU	TION, GIVE STREET	MARYLAN C. CITY OR TOWN		D. INSIDE C	27 40
SINNI HOSE	ITAL OF	BAL	TIMORE	BALTIMO.	UMBER	YES	NO [
				6012 h	1000CRES	· AUE,	21209
	XXXXXX	WIDOWED	NEVER MARRIED DIVORCED	B. DATE OF BIRTH	9. AGE (Ir last birthdo	Mo Mo	Under 1 Yr. If Under 24 Hrs. nths Doys Hours Min.
10A, USUAL OCCUPATION done during most of working bi	(Give kind of work	108 KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (S	ote or foreign country	12	CITIZEN OF WHAT COUNTRY
HOUSEWIFE		АТ	HOME	RUSSIA			IIC A
13. FATHER'S NAME		711	TIOTIL	14 MOTHER'S MA	IDEN NAME		USA
MOSES ROS	SEN			SARAH			
15. Was Deceased Ever in (Yes, no or unknown) (If yes,	U. S. Armed Ford	es?	6. SOCIAL	17. INFORMANT			ADDRESS
	give wor or doles	oi selvice)	SECURITY NO.	VP POPER		040 11000	
NO	1		CAUSE OF DEAT	IMR. ROBERT	SCHAIN, 6	012 WOOD	CREST AVE. #21209
DISEASE OR C	ONDITION DIR	ECTLY	1		- 0.		BETWEEN ONSET AND DEATH
LEADIN	G TO DEATH		(A) IMMEDIATE CAN	CINCMA à	FUANCE	ZEAS	- MONTAS
(This does not mean heart failure, asthenia injury or complication ANTECE	, elc. 11 means	the disease,	DUE 10, OR AS	A CONSEQUENCE OF			
DISEASES OR CON rise to the above UNDERLYING COND	cause (A)	ny, giving sloling the	(C)	A CONSEQUENCE C	PF:	***************************************	
OTHER SIGNIFICANT CO TO THE DEATH BUT NO DISEASE OR CONDITION	OT RELATED TO THE	E TERMINAL	***************************************	***************************************			
19A. DATE OF OPERATI	WAS PERF	ORMED	HICH OPERATION	20A. AUTOPSY?	IN CERT	TES, WERE FINDI	NGS CONSIDERED OF DEATH?
OR CONTRIBUTINO DEATH (natify medical	UNDERLYING CAUSE OF exomined	21 B. P home, etc.)	LACE OF INJURY (e.g., i form, foctory, street, o	n or about 21 C. WHEE	E DID (I	f in Boltimore City	, give exact location)
21D. TIME (Month) OF INJURY (APPROX.)	(Doy) (Yearl	(Hour) 21 E I While Work		• 🗆	DID INJURY OCCU	JR?	
22. I certify that (1)	(able beented)				5 10 22		5-23- 79
that (1) (we) last say			3 - 2		19 /	- 44044	3 - 2 3 - 19 / 2
				Z17	and that in(my)	(our) opinian	death occurred on the date
23A. SIGNATURE	AAA	d abave. (1)	(We) (dtd) (dtd nat) v	lew the bady after	death.	102.8	DATE SIGNED
1/1/14	1// loss	. MI	Alte	nding Med.	Staff []	23 8.	DATE SIGNED
23 C- HYSICIAN'S NAME (Type)	, / ( ( )	~ 7/(	DEGREE Phy		or Phys. La		3-23-72
MAG	KGA	NN M	DEGREE				
24A. BURIAL CREMATION, REMOVAL (Specify) BURIAL	3-24-72		S ACHIM ANSH		24D. LOCATION ROSEDALI	(City, tov	vn, or county) (State)
25A. DATE REC'D BY HEAL	TH DEPT.	25B NAME OF		25C. FUNERAL D		- y	ADDRESS
MAR 9 A 407		020	2 0 0	OD LEVIN	SON F BROS	,6010 RE	ISTERSTOWN ROAD

SOD LEVINSON



This cortificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. approved by the chief medical examiner or his assistant if death occurred in a hospital

This certificate must be

VS 150-REV. 1/1/68

1	2 20	)	72 02	954	BALTIMORE	CITY HEAL	TH DEPAR	TMENT					
	RIH NO.				CERTIFIC	CATE	OF DE	ATH	REG. N	0	72	029	54
	NAME OF DECE	ASED					J. D.				.~	0~00	
(1)	ype or Print)	savia.	TEIN	,				Z DATE A	ND HOUR OF DI	EATH			- 4
3.	PLACE IN BALT	MORE MARYLAN			CED DEAD	4. US A. ST	JAL RESID	ENCE (WA	ere deceased lived	. Il instit	ution; Ites	sidence below	M. e odmission)
H	JLL NAME OF OSPITAL OR ISTITUTION	(IF NOT IN HO	SPITAL OR I	חידודצא	ON, GIVE STREET	C CIT	ARYLA Y OR TOW	ND				7 -	+0
11	3/1/9/	4034171	91 OF	801	TIMPORE	11		NORE		INSIDE		-	7
$\parallel_{I}$	43		110.		, syonee	E. STE	EET AND	NUMBER		Y	ES	ИОГ	
	Tok					1.7			LIS AVE	7	-15		
1 3.	MALE	S. RACE			NEVER MARRIED	8. DAT	OF BIRT	77	9. AGE (In years last birthday)	×	l Under	1 Yr. If U	nder 24 Hrs.
10	A. USUAL OCCU	PATION (Give kind o	work 10B, KIN		DIVORCED	STRY 31. BIR	THELACE	State or for	49		O CUTIE		
do	ne during most of we	orking lile, even it reli	red)								iz. CHIZI	EN OF WHA	COUNTRY?
13.	SOCIA	L SECURITY	(	J.S.	GOV'T				MARYLAND		- (	1.5.4.	
1						14. MC	THER'S M	AIDEN NA	ME				
		L STEIN					[DA						
(Ye	s,na or unknawn]	ver in U. S. Armed If yes, give war or	d Farces? dales of serv	icel 16.	SECURITY NO.	17. INF	ORMANT					ADDRESS	
	NO			2	12-16-392	4 MRS	SHIR	LEY ST	TEIN, 631	2 WAL	LIS	AVENUE	#21215
	18.431	.01			CAUSE OF D	EATH						APPROXIMATI	INTERVAL
	DISEASE	OR CONDITION	DIRECTLY								100	I WEEN ONSE	AND DEATH
	(This does not	mean the mode sthenia, etc. It me lication which car	of dying,	e.g.,	(A) IMMEDIATE DUE TO, OR	AS A CONS	EQUENCE O	BRAL OF:	HEMORI	2419	E	4.	Anys
	At	NTECEDENT CAL	JSES		in Ak	TERI	12 14	1) NE	PTERTT	011		10	NEAD
	DISEASES OR	CONDITIONS,	if any, gi	ving	DUE TO, OI	AS A CON	EQUENCE	OF:	eten th				901116
	UNDERLYING	abave cause	(A) staling	the	(c)	0.							
		П			(0/	***********							
CERTIFICATION	I O THE DEATH	ANT CONDITIONS	TO THE TERMIN	NG NAL									
ည	19A. DATE OF C	PERATION 198	CONDITION F	OR WHIC	CH OPERATION	[20A	AUTOPSY?	(Yes or No	oll 208. IF YES W	EDE FINIT	UNGS C	ONSIDERED	
ERTI	0	WAS	PERFORMED					138562	IN CERTIFYING	CAUSES	OF DE	ATH?	
CALC	21 A. A CCIDENT OR CONTRIBUTE DEATH (notify m	WAS UNDERLYIN NG CAUSE OF ledical examiner	16 🗍	21 B. PLA hame, fo	CE OF INJURY (e. arm, factory, street	g, in or about office bldg	INJURY	ERE DID OCCUR?	(If In Bal	timore Ci	ty, give	exocl lacation	)
MEDI	21 D. TIME (	Manth) (Day) (Y	eorl (Hour)	21E INJ	URY OCCURRED		21 F. HO	LNI DID W	URY OCCUR?				
¥	(APPROX)			While A Wark	Not N	While							
	22. I certify th	at (1) (this hosp	Ital) attend	ed the d	eceased fram_		3.7	19	19 <u>72 to</u>	3	3-22		19.72
		st saw the dece			3·27	1	77		at In(my) (our)				m Alex June
	and have and f	ram the causes	stated above	e. (I) (W	e) (did) (did na	t) view the	body afte	er death.		орина		occorred 6	in the date
	23A. SIGNATURE	/				.,	5007 011	01 0001118		238	DATE	SIGNED	
		JUTIER	DE >			Attending	Med		Staff Phys.			27.78	>
	23C. PHYSICIAN'	2			GEGREE	Phys. L.	Dire- DRESS	cior 🗀	Phys. 12.3			26.46	
	FEL!		ERRE	>	M.D.	3	11191	un	Airna	4	on a	* * * * * * * *	12-
24A	RISPIAL CREAT	TION DATE			of CEMETERY OF			24D. 14	AITHE COCATION	ICity to	SH C	countyl	(Stole)
	BURIA	L 3-23-			TFILOH				LTIMORE, N			count1	(31016)
25A	DATE REC'D BY		25B. NAA			25C.	FUNERAL	DIRECTOR				ADDRESS	
M	AR 24 197	12 Holle &	E B.C.	J. M.E	00				BROS.,60	)10 R	EIST		N ROAD

was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1	- 0.00		THE LTH DEPARTMENT		72 02955
1	-200 72 0295	5 CERTIFICA	TE OF DEATH	REG. NO	1~ 0~000
	H NO.			D HOUR OF DEATH	
	ETHEL LISSY		3-2	2-72	12 . V/100 M.
3. P	LACE IN BALTIMORE, MARYLAND, WHERE PRO	DHOUNCED DEAD	4. USUAL RESIDENCE (Where		nstitution: residence before odmission)
FUL	L NAME OF (IF NOT IN HOSPITAL OR IN SPITAL OR ADDRESS OR LOCATION)	ISTITUTION, GIVE STREET	MARYLAND		2740
	SPITAL OR ADDRESS OR LOCATION)		C. CITY OR TOWN	D. INS	SIDE CITY LIMITS?
6			BALTIMORE		YES NO
	JEWISH CONVALESCENT HOME		E. STREET AND NUMBER	APPRIORE AND	NUT #21200
S. SI	EX 6. RACE 7. AAADI		B. DATE OF BIRTH	AIHMURE AVE 9. AGE (In years	
	THE PARTY OF THE P	RIED NEVER MARRIED	1	lost birthdoy	If Under 1 Yr. If Under 24 Hrs. Manths Days Haus Min.
	USUAL OCCUPATION (Give kind of work) 108, KIN	D OF BUSINESS OR INDUSTRY	AUGUST 2, 1879	92	12. CITIZEN OF WHAT COUNTRY?
	during mast of warking life, even if retired)			,	
12 6	HOUSEWIFE A	AT HOME	RUSSIA  14. MOTHER'S MAIDEN NAM	AE	USA
13. 1				AL.	
	USHER WISE		ETTEL ?		
1S. V (Yes,	Vas Deceased Ever in U. S. Armed Forces? no or unknown) (If yes, give wor or dotes of serv	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
	NO	216-46-0774J	1 MRS. SAMUEL RO	SE. 2901 W.	STRATHMORE AVE. #9
	18./ 74 X I	CAUSE OF DEAT	Н		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY		n + + 1.	(	15 mostle,
	LEADING TO DEATH (This does not mean the made of dying,	(A) IMMEDIATE CA	USE mitostation		13,446,
	hearl failure, asthenia, etc. It means the dise		A CONSEQUENCE OF:		
	ANTECEDENT CAUSES		(a) 1 11,	1 love 1	or Harry.
	DISEASES OR CONDITIONS, if any, gi	(B)	CE A L/1		
	rise to the above cause (A) stating	the	niones	. fle.	
	UNDERLYING CONDITION last.	(c)			
z	11	NO			
ATIO	OTHER SIGNIFICANT CONDITIONS CONTRIBUTI TO THE DEATH BUT NOT RELATED TO THE TERMI				
	DISEASE OR CONDITION GIVEN IN PART 1 (A).  19 A. DATE OF OPERATION 19 B. CONDITION I	OR WHICH OPERATION	20A. AUTOPSY? (Yes or No.		FINDINGS CONSIDERED
CERTIFIC	WAS PERFORMED		A/ 0	IN CERTIFYING CA	AUSES OF DEATH?
2	21A, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	21B. PLACE OF INJURY (e.g.,	in ar obout 21 C. WHERE DID	(If in Boltima	ore City, give exact location)
	DEATH (notify medical examiner)	etc.)	, into story,		
0	21D. TIME (Manth) (Day) (Year) (Haur)	21E. INJURY OCCURRED	21F. HOW DID INJU	URY OCCUR?	
2	OF INJURY (APPROX.)	While At Work At Work			
	22. I certify that (1) (this haspital) attend			940 to 3	22-72 19
	that (I) (we) last saw the deceased alive	on 3/21/7L			inian death accurred on the date
	and have and from the causes stated above			27 111(111)7 (001) 00	and death decorred on the date
1 1	23A. SIGNATURE		view the body offer death.		23B, DATE SIGNED
	A. A. / 1.	2m/1 AH	ending Med. Director	Staff Phys.	3-21-72
	23C. PHYSICIAN'S	DEGREE Ph	23D. ADDRESS	Phys. —	
	NAME (Type) A. A. SIL	15/2 MD	6210 PARK 1	HEIGH71 1	Ave. 11 10
244	BURIAL CREMATION, 248. DATE 24	C. NAME of CEMETERY OF CR			Balt (Stote)
2474	REMOVAL (Specify)				
25.1	BURIAL 3-23-72	BETH TFILOH		TIMORE, MAR	
25 A		ME OF REGISTRAR	25 FUNERAL DIRECTOR	E RDOS 60	ADDRESS 010 REISTERSTOWN ROA
	MAR 24 1972	Bin NO	OOF TEATINOON	d DK03., 00	TO KETSIEKSIOWN KON
V5 1	5U-KEV. 17 1768				

attan aren ... TOTAL SECTION OF THE Terental in the part of the latest of the state of the st Charles a real Trader a saint

# FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to deoth. Such written approval must be obtained before the remains are embalmed or final disposition is made.

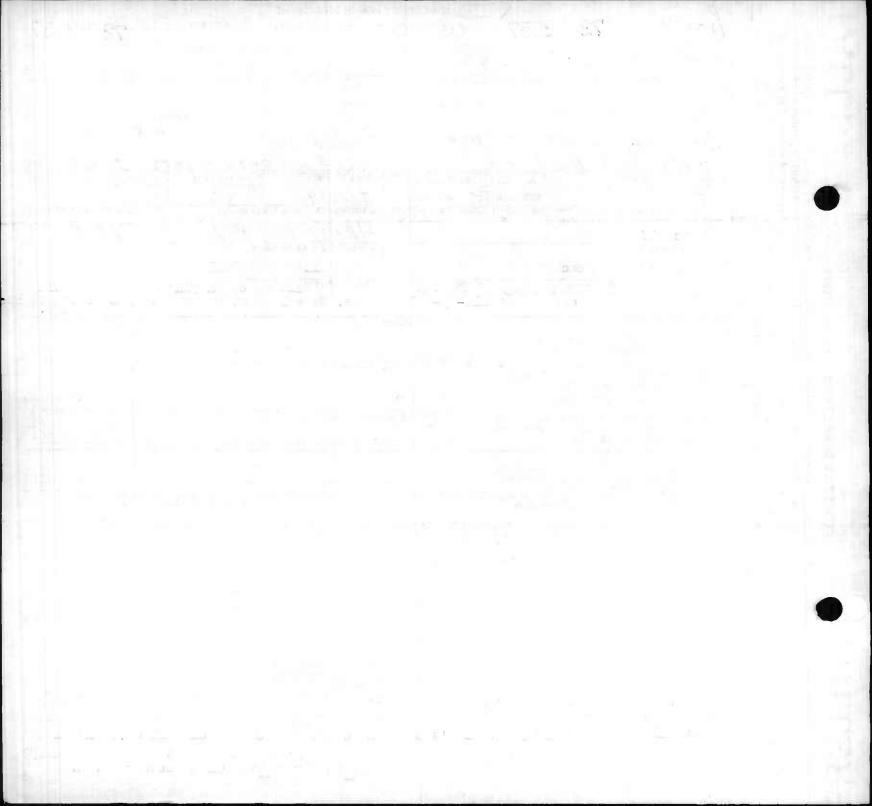
	Rini			BALTIMORE CITY	HEALTH DEPARTMENT		79 09050			
11/	5-626	י פלי	2956	CERTIFICA	TE OF DEATH	REG. NO	72 02956			
	RTH NO.		16300	CLKTITICA						
	NAME OF DECE		0=00=	5		AND HOUR OF DEATH	1 1:45A			
1	DI ACE IN BALTI	HENRY					14/0			
3.	PLACE IN BALIR					JNTY	nstitution; residence before admission)			
FL	OSPITAL OR	(IF NOT IN HOSPIT	TAL OR INSTI	TUTION, GIVE STREET	MARYLAND		00000			
IN	ISTITUTION				C. CITY OR TOWN	D. INS	YES X NO			
	23			HOSPITAL	BALTIMORE YES X NO L					
1	22	601 N. E	SKUADW	AY		ERFIELD AV	ENUE			
5.	SEX 6	RACE	7. MARRIET	NEVER MARRIED	& DATE OF BIRTH	9. AGE (In years	I If Under 1 Ye . If Under 24 Hrs.			
	MALE	WHITE	WIDOWE		07/22/12	lost birthdoyl 59	Months Doys Hours Min.			
10.	A. USUAL OCCUP	ATION (Give kind of wor			11. BIRTHPLACE IState of to		12. CITIZEN OF WHAT COUNTRY?			
do		orking life, even if refired)	DE	PATI	DALETMONE	ADMI AND	NG A			
13	MERCH FATHER'S NAME		RE.	TAIL	BALTIMORE, M		USA			
11.0										
		BERGER		N/ committee		IXSXXIXXORKA O				
15	was Decoused E s, no or unknown)	ver in U.S. Armed Fo If yes, give war or date	rces? les of service)	SECURITY NO.	17. INFORMANT		ADDRESS			
	YES	W.W. II		215 14 514	MRS. MILDRED B	ERGER 3300 C	HESTERFIELD AVENUE			
	18. 2 9 4	, 91		CAUSE OF DEAT	n		BETWEEN ONSET AND DEATH			
		OR CONDITION DI		MIT	RAL VAL	Ve Disc	a v			
		EADING TO DEATH		(A) IMMEDIATE CAL	JSE					
	heart failure, a	t mean the mode of stheria, etc. It means	the disease	DUE TO, OR AS	A CONSEQUENCE OF:					
	1	lication which caused								
	Al	NTECEDENT CAUSES	S	(8)						
		CONDITIONS, If		DUE TO, OR AS	A CONSEQUENCE OF:					
		above cause (A)	signing in	(c)						
		11								
Z	OTHER SIGNIFIC	ANT CONDITIONS CO		COM	ow and After	1 NKen	6.3			
CATION	DISEASE OR CO	BUT NOT RELATED TO T	THE TERMINAL RT 1 (A).		000 110	100				
D.F.	19A-DATE OF	PERATION 119% COP		WHICH OPERATION	20A AUTOPSYZ (Yes or	IN CERTIFYING CA	FINDINGS CONSIDERED			
ERTIF	0				110	0.00				
10	OR CONTRIBUT	WAS UNDERLYING	he 21	me, form, factory, street, o	n or about 21 C. WHERE DID ffice bldg., INJURY OCCUR?	(it in Baltima	re City, give exoct location)			
ICAL	DEATH Inotify of	nedical examined								
MEDI	OF INJURY	Month) (Day) (Year)		& INJURY OCCURRED	21f. HOW DID I	NJURY OCCUR?				
3	[APPROX)	^	- W	/hile At Whi /ork Not Whi At Work		- 19	,			
	22. I certify t	hat (this hospita	l) attended	the deceased from	311172	1976 10 3	22 1975			
		ast saw the deceas			19ond	that is (my) (our) op	inian death occurred on the date			
					riew the body after deat					
	23A. SIGNATUR		Y		Tion the body and down		23 & DATE SIGNED			
	l N	1-11	0 /1		ending Med.	Staff Phys.	3/22/77			
Н	23C. PHYSICIAN	15.	XI	DEGREE Phy	23 D. ADDRESS	A I	17			
	23C.PHYSICIAN NAME (Typ	MICHAEL	LOKE	WOF M.D.	N. Aug.	Hanks	Ton			
24	A. BURIAL CREM		12.6	DEGREE	EMATORY 124D	LOCATION IC	City, town (1 county) (State)			
	REMOVAL (Sp	ecify)				- 4	V			
1.5	KIIDI	1 4 12 1	2   1116	NOVIMENT CIDCIE			DVIAND			
2.4	BURIA		111	ORKMEN CIRCLE		ALTIMORE, MA				
25		AL 3-23-7 BY HEALTH DEPT. A 1072	111	OF REGISTRAR	25C. FUNERAL DIRECT	OR	ADDRESS			
		4 1972 P.S.	111		25C. FUNERAL DIRECT	OR				

APO DO TOURN , REVIEWA LEGRESHIE WEE THOSE WHELL IN DAY

# FUNERAL DIRECTOR: IMPORTANT

was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased

0					BALTI	MORE CITY	HEALTH	DEPARTMEN	IT				
	-600 H NO.		S 05	957	CER	TIFICAT	TE C	F DEAT	_	REG. NO		72 029	57
	AME OF DECE e or Print)	Drug	1 1Z	EUL	UEB			3	5-2	3-72		1 9 a	M.
3, 2	LACE IN BALT	MORE MAR	LAND, W	HERE PRO	OUNCED DEAL	•	A. STAT	AL RESIDENCE E B. C	(Where	deceased lived.	If institution	residence before ac	Imission
FUL HO: IN S	L NAME OF	(IF NOT I	N HOSPITA	AL OR INS	TITUTION, GIVE	STREET	nc c. city	ORTOWN		D.	INSIDE CITY	LIMITS?	d
1	Jewis	H C	ONU	). F	lome		E. STRE	It mo	ER	2	YES [	NO .	
	46016	Ya11	ma	11 0	d.				be	Aty HO	74+5	ave 21	
5. \$1	F	6. RACE		7- MARRI WIDOW	ED NEVER M	ARRIED   8	A DATE	26/91	9	ast birthday)	Month	der 1 Yr. II Under	24 His. Min.
				108 KIND	OF BUSINESS O	R INDUSTRY		HPLACE (State o	r loreig	in country)	12. C	TIZEN OF WHAT C	OUNTRY?
Gone	during most of w Housewi.	-	i it ternes)				HA	RNPU		md.	1-	U.S. A	
13. F	ATHER'S NAM						4. MO	HER'S MANDEN	MAN	31			
	Henry	y 1	Menche	ey				Ella		Null			
15, V (Yes,	Vas Deceased , no or unknown) No	Ever in U. S. Uf yes, give v	Armed For yor or dole None	s of Servic	1 6. SOCIAL SECURIT	2038	7. INFO	RMANT Balt s. Beverl	timo Ly M	ore, Mary Montgomer	land y 490	05 Liberty	21207 Heigh
	18. 1 9 9	. / [			CAUS	OF DEATH				·		APPROXIMATE IN	TERVAL
		OR COND		RECTLY			77	1.1				3 A	NU DEATH
Ш		EADING TO		distance of		MEDIATE CAUS	5		ne	mom	2	300	eys
	(This does no heart failure, a injury or camp	sthenia, etc.	it means	the disea	se,	IE TO, OR AS A	CONSE	QUENCE OF:	1				
						LVA						1	. H.
		NTECEDENT				E TO, OR AS A	CONE	FOURNICE OF				1 7000	00010
	DISEASES OF the UNDERLYING	obove ca	use (A)		he (c)	2 Ma	lig	nan uy		220222400000000000000000000000000000000		?6 m	un the
		11											
é	OTHER SIGNIFICATION THE DEATH	CANT CONDIT	IONS CO	NTRIBUTIN HE TERMIN	IG AL								
CA	DISEASE OR CO	NDITION GIV	EN IN PAR	T T (A).	R WHICH OPER	ATION	120A.	AUTOPSY2 (Yes	es Nol	20B IF YES. W	ERE FINDING	S CONSIDERED	
RTIF	0		WAS PERI	ORMED								GS CONSIDERED F DEATH?	
U	21A. ACCIDEN OR CONTRIBUTED THE CONTRIBUTED TH	T WAS UND TINO CAU: medicol exami	ERLYING [ iz OF ned		218, PLACE OF I home, farm, factorics)	NJURY (e.g., in ory, street, offi	or abou	INJURY OCCU	J RZ	(II In Bo	Itimore City, s	give exact location)	
MEDICAL	21 D. TIME OF INJURY	(Month) (Do	y) (Year)	(Houd	OC YAULNI AIS			21% HOW DIE	ט נאו ס	JRY OCCUR?			
8	(APPROX)				While At Work	Not While At Work							
	22. I certify	that (1) (this	hospital	) ottende	d the decease	from 7	-00	13	1	972,10	3-	23- 19	72
	thot () (we)	lost saw the	decease	d offve o	n	-21-7	2/19		nd tha	-	_	eoth occurred on	
			uses sto	ed obave	·() (Me) (1)	(did not) vi	ew the	bady after de	ath.		1000	ATE SIGNIES	
	23A. SIGNATUI	" /	dais	>		Atten Phys.	ding _	Med. Director		Staff Phys.	238, 0	ATE SIGNED	
	23C. PHYSICIAI NAME (Ty			2	117	2:	3D. ADS	RESS			Road	2122	2)
244	Jose		VAI	4	MY	DEGREE							
24A	REMOVAL 15	nociful	3/27/J		t. Paul:		ran	Cemetery	На		rroll	co., Maryl	
11	MAR 24	ለስማስ	Ser B	- An	GO REGISTRAL	0 0						oad ADDRESS rs, P. A.	21133
	150-REV. 1/1/6												



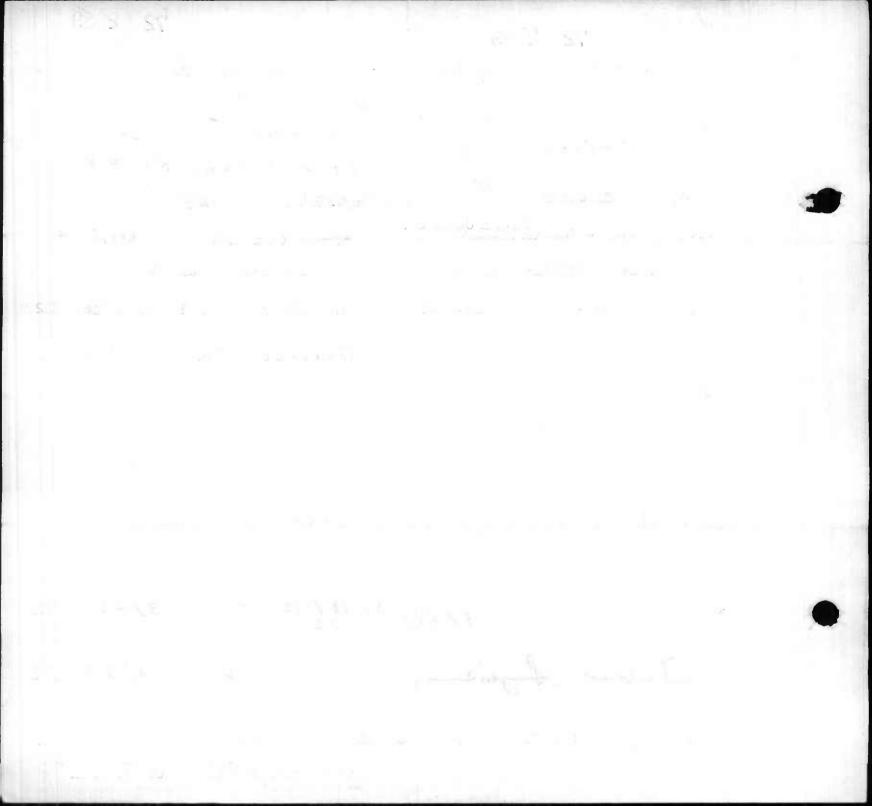
FUNERAL DIRECTOR: IMPORTANT	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such	Most be obtained before the remains are embassive or control of the remains are
	This certificate must be appr the body was released to the shows: (1) An accident of any was D.O.A. at a hospital (ex deceased prior to death); at	Written approval must be on

1	170	00053	BALTIMORE CITY	HEALTH DEPARTMEN	T .	
	TH NO.	02958	CERTIFICA	TE OF DEAT	H REG. NO	72 02958
	AME OF DECEASED			2. DAT	E AND HOUR OF DEAT	
	Robert Benson			13/2	2-72	19:58 PM M.
3.	LACE IN BALTIMORE, MARYLAND,	WHERE PRO	NOUNCED DEAD	A, STATE B. C	OUNTY	institution: residence before admission)
FU	LL NAME OF (IF NOT IN HOS ADDRESS OR LO	PITAL OR INS	TITUTION, GIVE STREET	Maryland	CATTOIL	5 600
iN:	TITUTION ADDRESS OF EC	CAHONI		C. CITY OR TOWN	D. IN	ISIDE CITY LIMITS?
1 8	t. Agnes Hospital			Sykesville		YES NO []
0	aton and Wilkens A	ve.		Box 210, Rt		
3	ale White	WIDOW		7-11-09	9. AGE (In years last birthday)	If Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.
	USUAL OCCUPATION (Give kind of vo		OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State o	foreign countryl	12. CITIZEN OF WHAT COUNTRY?
	anker	Ban	k	Maryland		U.S.
	ATHER'S NAME	20	-	14. MOTHER'S MAIDEN	NAME	
T	hamps Dansen Marin	D			ho /	E:+- )
	homas Benson Mauze	B4	16 SOCIAL	Eitze (	MARGARet	ADDRESS
(Ye	Nes Decessed Ever in U. S. Armed ,no or unknown) (If yes, give war or d	ales of service	SECURITY NO.	THE WATER CONTRACT OF THE PARTY		ADDRESS.
N	0		<b>245</b> -01-3524	Evelyn M. D	unn Same as	above
	18.4/0191		CAUSE OF DEAT	H		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OF CONDITION LEADING TO DEAT			D. 1- 0	1100 10 8	face. 2 kg
	This does not mean the mode	-	(A) IMMEDIATE CAL	ISE ACULT MY	guman x	garde. I tel
	heart failure, asthenia, etc. It med	ns the disea	se,			
	injury or complication which caus			Cardiopula	iny arre	31-
	ANTECEDENT CAUS		(B)	/		
	DISEASES OR CONDITIONS, insecto the above cause (		ing DUE TO, OR AS	A CONSEQUENCE OF:		
	UNDERLYING CONDITION last	u onemy	(c)			
	11		******			
NO	OTHER SIGNIFICANT CONDITIONS					
¥	TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION GIVEN IN I	PART 1 (A).				
ERTIFICATION	0	ERFORMED		NO NO	IN CERTIFYING C	E FINDINGS CONSIDERED CAUSES OF DEATH?
CAL C	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTINO CAUSE OF DEATH (notify medical examined)	P	21B PLACE OF INJURY (e.g., i home, fam, faciary, street, o olc.)	n or about 21 C. WHERE D flice bldg., INJURY OCCU	ID (If In Baitin	nore City, give exact location)
MEDI	21 D. TIME (Month) (Day) (Ye	ar) (Hour)	21E INJURY OCCURRED	21F. HOW DIE	INJURY OCCUR?	
1	(APPROX.)		While At Work At Work			
	22. I certify that (I) (this haspi	tal) attende		arch 21	1972 to Ma	arch 22 10 72
	that (1) (we) last saw the dece			1972or	d that In(mu) (aux) a	pinian death accurred an the date
			,		. —	primari decin deconed an ine date
	and hour and from the causes a 23A. SIGNATURE,	tated above	. (I) (We) (dld) (dld nat) v	view the body after de	ath.	238 DATE SIGNED
	M Javn	4 F1 d	dign- DEGREE	ending Med. S. Director	Staff Phys.	3-22-72
	23C.PHYSICIAN'S NAME (Type)	Ann		23D. ADDRESS		
	M. LANNY	Fid	lioun mour	St. Agnes	HOSPITAL	
24/	BURIAL CREMATION, 248. DATE	240	NAME OF CEMETERY OF CR	EMATORY 24	D. LOCATION	(City, town, or county) (State)
	BUNIAL (Specify) 3-25	5.72	Mindawida Par	neting	Elkridge.	md
254	DATE REC'D BY HEALTH DEPT.	258. NAA	AE OF REGISTRAD	25C. FUNERAL DIRE	CTOR	ADDRESS
1120	The state of the s			TANKE DIKE		
11	MAD O . APPA AT A		9-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	John I	avalet 1.1.	-10MA

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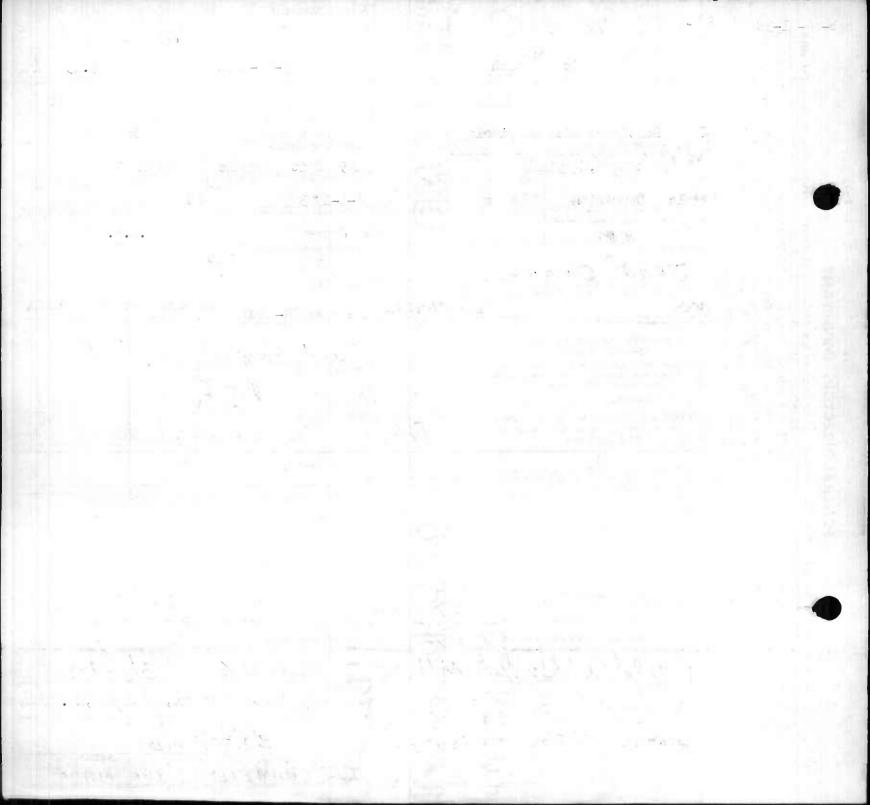
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BI	H-625	72 029		HEALTH DEPARTMENT	REG. NO.	72 02959
1,	NAME OF DECEA			.*	ID HOUR OF DEATH	6:30 A
3.	PLACE IN BALTIA	HORE MARYLAND, WHERE P		4. USUAL RESIDENCE (Whe	re deceased lived. Il inst	litution: residence before admission)
PL H IN	JLL NAME OF OSPITAL OR ISTITUTION	(IF NOT IN HOSPITAL OR I	NSTITUTION, GIVE STREET	C, CITY OR TOWN	LALTA D. INSID	E CITY LIMITS?
1	STATA	I HOSP.		BALTIMOR	E	YES NO
				E. STREET AND NUMBER	linands R	Pel # 8
	M	Caucasianwide	RIED NEVER MARRIED DIVORCED XX	25ent 12 1910	67	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
[[00]	ne during most of wor	ATION (Give kind of work 108, KIN king life, even if refired) Pa ineer — Federal	nama Canal Co	11. BIRTHPLACE (Stote or fore	gn country)	12. CITIZEN OF WHAT COUNTRY
	FATHER'S NAME		тиртолее	Gorgona Can		U. S. A.
	Thom	as William	Harrison	Mary Sa		it)
15. (Ye	Was Deceased Every no or unknown) (if	er in U. S. Armed Forces? yes, give wor or dates of ser None	16. SOCIAL SECURITY NO. 216-44-2790	17. INFORMANT	31 0130 W	inands Road 21208
-	18. / 0 /	None	CAUSE OF DEATH	Mrs. Robin Wa	IKer 8412 W	
	DISEASE	OR CONDITION DIRECTLY ADING TO DEATH		T	Ca	BETWEEN ONSET AND DEATH
	heart failure, ast	meen the mode of dying, thenio, etc. It means the dis cation which caused death.)	e.g., Q) IMMEDIATE CAU DUE TO, OR AS A	A CONSEQUENCE OF:	,	and keep h
		TECEDENT CAUSES				
	rise to the	CONDITIONS, if any, gabove cause (A) slating	IIIG	A CONSEQUENCE OF:	*******************************	***************************************
		11	(C)		***************************************	
ATION	TO THE DEATH B	INT CONDITIONS CONTRIBUT UT NOT RELATED TO THE TERMI DITION GIVEN IN PART 1 (A).	NAL	*******************************		
CERTIFIC	2 NO	PERATION 198. CONDITION WAS PERFORMED	FOR WHICH OFERATION	20A. AUTOPSY? (Yes or No.	208 IF YES, WERE FIN IN CERTIFYING CAUS	IDINGS CONSIDERED
CAL	21A. ACCIDENT OR CONTRIBUTION DEATH Inotify me	WAS UNDERLYING THE CAUSE OF CONTROL CAUSE OF CONTROL CAUSE OF CONTROL CAUSE OF CONTROL CAUSE OF CAUSE	21B PLACE OF INJURY (e.g., in home, form, foctory, street, off etc.)	or obout 21 C. WHERE DID	(If in Boitimore (	City, give exact location)
MEDI	OF INJURY (APPROX.)	ionih) (Day) (Year) (Hour)	21E INJURY OCCURRED While AI Not While Work At Work	21F. HOW DID INJU	JRY OCCUR?	
	22. I certify the	nt (I) (this hospital) attend			9to	3/22 19 72
	that (I) (we) las	st saw the deceased alive	an 3/21/	19_72and the		on death accurred on the date
	and hour and fr	om the causes stated abov	re. (1) (We) (did) (did nat) vi	ew the bady after death.	-	Continue of the continue of th
	23A. SIGNATURE	, 0	Atten	ding Med.		3B. DATE SIGNED
	23C. PHYSICIAN'S NAME (Type)	ten An	DEGREE Phys.	Director Director 3D. ADDRESS	Shaff Phys.	3/22/72
24/	BURIAL CREMA REMOVAL (Spec	TION, 24B. DATE 24	C. NAME of CEMETERY OF CRE		CATION (City,	town, or county) (State)
	Crematio	n 3/23/19/2	Loudon Park Cre		altimore	Md.
	MAR 24 1	1972 Paris C. 3	ME OF REGISTRAR	Loring Byers		ctors, P. A.
VS	150-REV. 1/1/68					



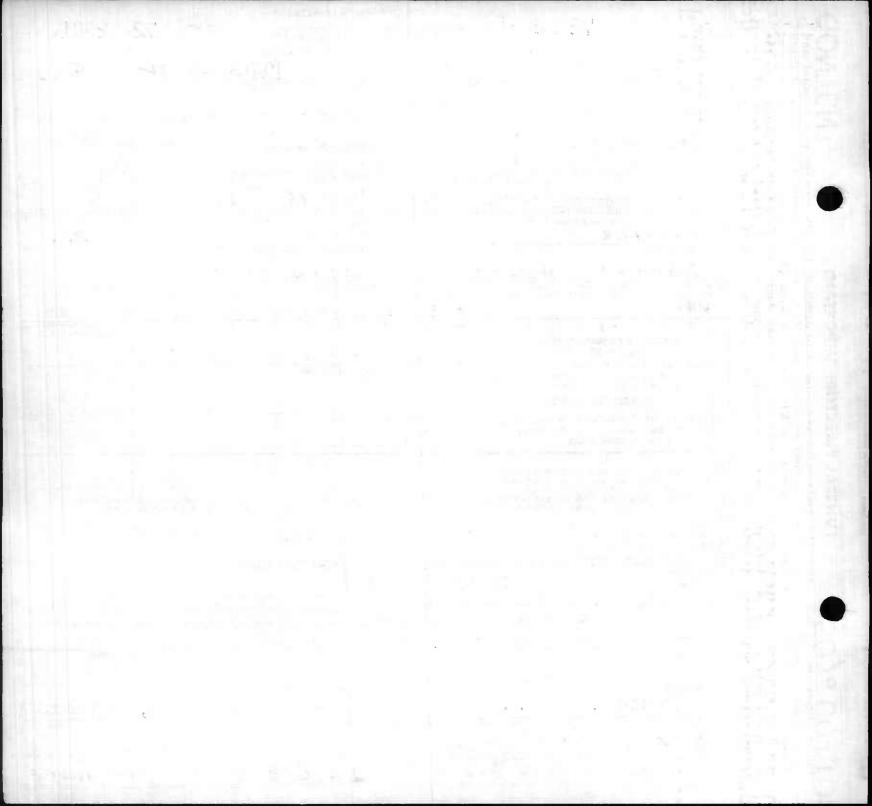
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1	BA BA	LTIMORE CITY	HEALTH DEPARTMENT		
	KIII 140.	RTIFICA	TE OF DEATH	REG. NO. 72	2 02960
	NAME OF DECEASED  M.			AND HOUR OF DEATH	
	Alice Dosch		3-2	22-1972	9.15 Am
3.	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED D	EAD	4. USUAL RESIDENCE (VA. STATE B. CC	Where deceased lived, Il inst	titution: residence before admission)
FI	ULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GI	VE STREET	Maryland	d	2611
"	Baltimore City Hospitals		C. CITY OR TOWN		E CITY LIMITS?
	2 1		Baltimon		YES X NO
	4940 Eastern Avenue 21224				
5.	Baltimore, Maryland		3129 Fait		224
	Female Caucasian WIDOWED I	MARRIED DIVORCED	6-4-1903	lost birthdoy)	If Under 1 Yr. II Under 24 His. Months Doys Hours Min.
	A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS ne during most of working life, even if refired)	OR INDUSTRY	11. BIRTHPLACE (Stole or	foreign country)	12. CITIZEN OF WHAT COUNTRY?
	H. W.		New Jersey		U.S.A.
113	FATHER'S NAME		14. MOTHER'S MAIDEN		
	JOHN OWENS			>	
15.	Was Deceased Ever in U. S. Armed Forces? 16. SOCI/ s,no or unknown  (If yes, give war or dates of service) SECU	AL NO	17. INFORMANT		ADDRESS
1	4.1=	01-4572		Eastern	Avenue 21224
$\vdash$		JSE OF DEATH	Records: BCH-/	1940	APPROXIMATE INTERVAL
	DISEASE OF CONDITION DIRECTLY				BETWEEN ONSET AND DEATH
1	LEADING TO DEATH	IMMEDIATE CAU	E Cardin-	respiratory a	eset 12 hrc
	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	DUE TO, OR AS	CONSEQUENCE OF:	10/1/1/01/	
	injury or complication which caused death.)	0	4.	1-01	
	ANTECEDENT CAUSES	Poss	Myocardie	I Lataret	14
	DISEASES OR CONDITIONS, if any, giving	DUE TO, OR AS	A CONSEQUENCE OF:	1777	Δα
	inse to the above cause (A) stating the UNDERLYING CONDITION last.	Arter	i osclarate, C	Cardiovas cul	andli
	CONDITION INST. (C)		/	JA ONIO VOE COLA	NO 0 3
Z	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING				
E	TO THE DEATH BUT NOT RELATED TO THE TERMINAL	None K	noun.		
0	DISEASE OR CONDITION GIVEN IN PART 1 (A).	ERATION	20A. AUTOPST? (Yos or	No. 208 IF YES WERE FIR	NDINGS CONSIDERED
ERTIFICATION	WAS PERFORMED		NO	IN CERTIFYING CAUS	SES OF DEATH?
2	21A. ACCIDENT WAS UNDERLYING 218, PLACE OF	INJURY (o.g., in	or obout 21C. WHERE DID	(If In Baltimore	City, give exact location)
¥	DEATH (notify medical examined) letc.)	clory, sheet, of	ice bldg. INJURY OCCUR!		
EDIC	21D-TIME (Month) (Doy) (Year) (Hour) 21E INJURY C	CCURRED	21F. HOW DID I	NIIII OCCUR	
W	OF INTITION	Not While		MJORT OCCOR!	
	Work L	At Work	U/I/	2/	
	22. I certify that (I) (this hospital) attended the deceas	ed from	3/2/172	1910_0/2	2/12 19
	that (I) (we) lost saw the deceased olive on	22/77	ond	that in (my) (our) opinio	on death occurred on the date
	and have and from the causes stated abave. (1) (We) (di	d) (did nat) vi	ew the bady after deot	h.	
	23A. SIGNATURE			2	BE DATE SIGNED
	Knald a. Gullen 1	Atter Phys.		Staff Phys.	3/22/22
	23C-PHYSICIAM'S NAME (Type)	-DE GREET	3D. ADDRESS		120112
	Rangel of A. G. Hon	11-12.	12, 14949 Eg	stern Avenue E	Paltinare Md 21224
24/	A. BURIAL CREMATION, 248, DATE 24C, NAME of CE	METERY OF CRE	MATORY 124D.	LOCATION (City	flown, or county) (State)
	KEMOVAL ISpecify)				
25	TO ACIT	D HEA		BALTO. MI	
123/	A. DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTE	C OF	25C. FUNERAL DIRECT	Q.	ADDRESS
Ve	MAR Z4 13/2 150-REV. 1/1/68	To the second	OJ3G, Con	WELLY 3	100 MACE
4.3	AWARD TO IVIVE				

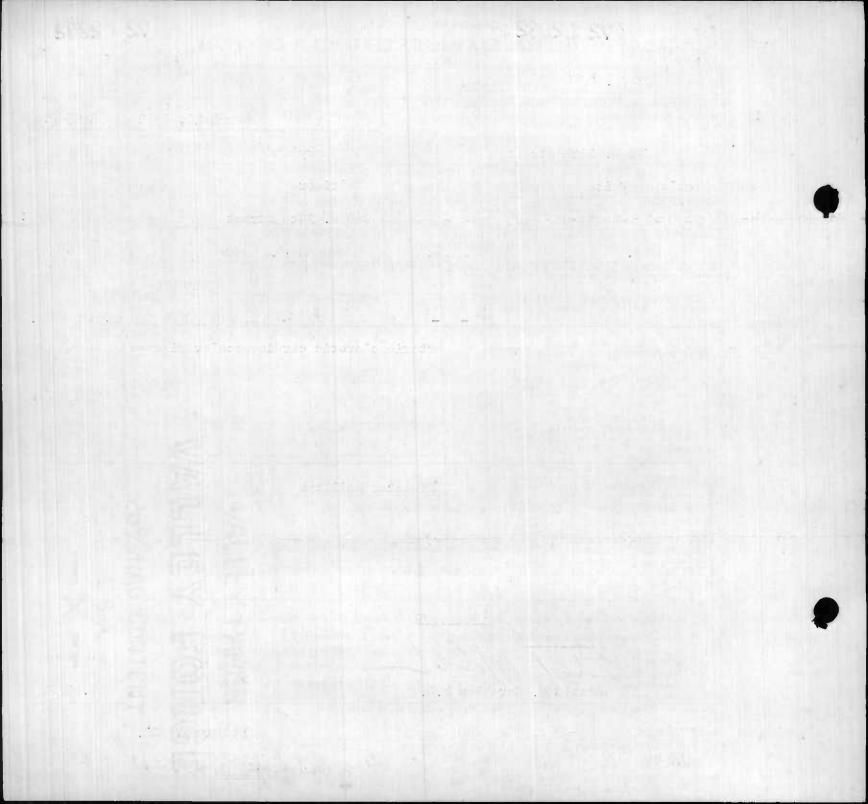


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eleased to the hospital by a medical examiner. Also, if the direct or contributing cause of death of cident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased of a hospital (except where the physician who pronounced death was in regular attendance on the Note of and (6) No physician was in regular attendance on the deceased prior to death. Such and must be obtained before the remains are embalmed or final disposition is made.	
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to the hospital by a medical examiner. Also, if the direct or contributing fany nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined call (except where the physician who pronounced death was in regular at ); and (6) No physician was in regular attendance on the deceased prione obtained before the remains are embalmed or final disposition is made.	î
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n accident of n accident of at a hospital ior to death roval must b	
the body was released to shows: (1) An accident of was D.O.A. at a hospital deceased prior to death) written approval must be	
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	1 200			209	BALTIMORE CIT	Y HEALTI	DEPARTMEN	T			
	7-39 J		296	1	CERTIFICA	ATE C	F DEATH	H TREG.	NO. 175	3 0296	<u>r</u>
	pe or Printl MY		SWJ	OSE	PH		2. DATI	March 2	BEATH 72	1 0	2 0
3.	PLACE IN BALTIMO	RE, MARYLAND,	WHERE PR	ONOUNCE	D DEAD	A. STAT	AL RESIDENCE	Where deceased li-	ved. If institution	nt residence before	e admission)
He	JLL NAME OF OSPITAL OR STITUTION	(IF NOT IN HOSPI ADDRESS OR LOC	TAL OR IN	OTUTIE	N, GIVE STREET	Mar		Baltimore	D. INSIDE CIT	5 V IIMUS2	000
1	BALTIMAN	o city A	HOSPI	tals		1	ESSE	X	YES [	NO 5	y
	Baltimov	en Avenue	and	212	24	E. STRE	et AND NUMBE	R Island R	oad	21221	
5.	SEX 6. RA		7- MARE	IED N	EVER MARRIED		OF BIRTH	9. AGE (in ye	ors II U	nder 1 Yr., If Ur	nder 24 His.
		aucasian	WIDOV		DIVORCED	11/	23/08	62	14.011	hs Doys Hours	Min.
	LUSUAL OCCUPATE to during most of workin			OF BUSI	NESS OR INDUSTR	11. BIRT	HPLACE (State or	loreign country)	12. C	TITZEN OF WHAT	T COUNTRY?
L	BOTTL	5R				Mar	yland			U.S.	.A.
13.	FATHER'S NAME					14. MO1	HER'S MAIDEN	NAME			
	SAMV		A-DA	ms		A	NNA	CRUM	4		
15. (Ye	Was Deceased Ever s, no or unknown) (II ye	in U.S. Armed Fo	rces? es of servi	ce) 16.	OCIAL SECURITY NO.	17. INFO	RMANT		astern A	ADDRESS	
	UNK			21		BC	H: RECORI		ore, Mar		1224
	18.436	91			CAUSE OF DEA		10.0010.	70 200 01	010, 1101	APPROXIMATE	EINTERVAL
		CONDITION DI	RECTLY			n	-1	1.0		BETWEEN ONSE	I AND DEATH
	iThis does not me	LEADING TO DEATH  IThis does not mean the mode of dying, e.g.,  (A) IMMEDIATE CAUS						heumon	19		
	heart failure, asthe	nia, etc. it means	the dise	ase,	DUE TO, OR AS	A CONSE	RUENCE OF:				
	ANTECEDENT CAUSES  ANTECEDENT CAUSES  ANTECEDENT CAUSES										
	DISEASES OR CONDITIONS, if any, giving (8) DUE TO, OR AS A						QUENCE OF:	VOTONSCEAL	W.	****************	
	rise to the above cause (A) stating the						1			1.	
	UNDERLYING CONDITION lost. (c) FILLED 3										
HON	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL						rardice	Infact	ian.		
CA	DISEASE OR CONDIT	TION GIVEN IN PAI	RT 1 (A).		H OPERATION		UTOPSY! (Yes o		***************	GS CONSIDERED	***************************************
CERTIFICATION		A-DATE OF OPERATION 198 CONDITION FOR WHICH OPERATION WAS PERFORMED						IN CERTIFY	NG CAUSES O	F DEATH?	- 40
MEDICAL C	OR CONTRIBUTING	A. ACCIDENT WAS UNDERLYING   21B PLACE OF INJURY (e.g., in home, form, foctory, sheet, alii etc.)						O (If In	Baltimore City,	give exact location	0
EDI	OF INJURY (Man	ith) (Day) (Year)	(Haud)	21E, INJU	RY OCCURRED		21F. HOW DID	INJURY OCCUR?			
2	(APPROX.)			While At Wark	Not Whi	• 🗆					
	22. I certify that	(1) (this hospito	l) attende	d the de	ceased from		2-17	1974 10	3.	-23-	192
	that (i) (we) lost				221-	19		that in (my) (o			
	and hour and from	the causes sta	ted above	. (I) (We	) (did) (did not)		100				
	and hour and from the causes stated above. (I) (We) (did) (did not) vie								23 8. D	ATE SIGNED	
	Practical Ge. Sand 1000 a record Phys.						Med.	Staff Phys.	3	-23-	12
	23 C. PHYSICIAN'S NAME (Type)				DECKEEL			y Hospita	ls		
	Prakk	sh G. Sane	, M.D	).		4940	Eastern	Avenue Ba	ltimorek	Marvland	d 2122h
24A	REMOVAL ISpecily	ON, 248. DATE	240	NAME .	DEGREE	EMATORY		LOCATION		or county)	(Stote)
0	REMATION	v +24/	12	LOUL	DON PL	RK		BALTO	- hD		
25A	DATE REC'D BY H	EALTH DEPT.	258. NAA	AE OF REC	HSYRAR		UNERAL DIRECT	TOR		ADDRESS	
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VS 151-REV, 1/1/6B



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BALTIMORE CITY HEALTH DEPARTMENT REG. NO. 72 12963 CERTIFICATE OF DEATH 2. DATE AND HOUR OF DEATH I. NAME OF DECEASED (Type or Print) March 21, 1972 William A. Erline 4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission) 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD A. STATE Maryland (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET FULL NAME OF HOSPITAL OR ADDRESS OR LOCATION) C. CITY OR TOWN D. INSIDE CITY LIMITS Baltimore YES -NO Union Memorial Hospital E. STREET AND NUMBER 300 E. 30th Street S. SEX If Under 1 Yr. If Und Manths Days Hours 6. RACE B. DATE OF BIRTH 9. AGE (In years last birthday) If Under 24 Hrs. Hours : Min. 7. MARRIED NEVER MARRIED Sept. 28,1883 Male Caucasian WIDOWED 3 DIVORCED 10A, USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) USA Maryland Pest Control Exterminator 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Mary III MOOK NO Zimmerman John Erline ADDRESS IS. Was Deceased Ever in U. S. Armed Forces 17. INFORMANT 6. SOCIAL (Yes, no or unknown) (If yes, give wor or dates of service) SECURITY NO 215-09-9772 Mrs. Rachel Moore 727 Melville Avenue No APPROXIMATE INTERVAL CAUSE OF DEATH 18. BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., DUE TO OR AS A CONSEQUENCE heart failure, asthenia, etc. It means the disease, injury ar camplication which coused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the obove cause (A) stating the UNDERLYING CONDITION last. 11 CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A) 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 20A. AUTOPSY? (Yes or No) 19A DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED 21 A. ACCIDENT WAS UNDERLYING 218. PLACE OF INJURY (e.g., in or about 21 C. WHERE DID (If in Boltimore City, give exoct location) hame, farm, factory, street, affice bldg., INJURY OCCUR? OR CONTRIBUTING CAUSE OF etc.) DEATH (notify medical examiner MEDI 21D. TIME (Manth) (Doy) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY Not While While At (APPROX.) Al Wark Work 22. I certify that (1) (this hospital) attended the deceased from that (1) (we) last saw the deceased alive an and that in(my) (our) apinion death accurred on the date and hour and fram the causes stated above. (1) (Me) (did) (did nat) view the body after death. must 23 B. DATE SIGNED 23AASIGNATURE Attending K Mcrch 23, 1972 Staff Director L Phys. approval 23C-PHYSICIAN'S 23D. ADDRESS NAME (Type) Baltimore Maryland 2701 St. Paul Street John A. O'Connor M.D. 24A. BURIAL CREMATION, 248. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, ar county) REMOVAL (Specify)

Parkwood Cemetery Baltimore Maryland Burial 2SA. DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR 2SC. FUNERAL DIRECTOR ADDRESS Leonard J. Ruck Inc. 5305 Harford Rd. 21214 VS 150-REV, 1/1/6B

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DIKTH NO	50	72	02964		HEALTH DEPARTMENT	REG. NO	72	02964
1. NAME C	F DECEA				2. DATE	ND HOUR OF DEATH		0.000
3. PLACE	N BALTIA	DOLAN, Ja	Mes T	CED DEAD	Ma:	rch 20,1972	to ata at o	1 5:40
FULL NAM	AE OF	(IF NOT IN HOSPIT ADDRESS OR LOC			Maryland	INTY	institution:	110 and
INSTITUTIO		750 M 100	Allon		C. CITY OR TOWN	D. IN	SIDE CITY	LIMITS?
90					E. STREET AND NUMBER		YES X	] NO []
	n Hil	l Nursing &	Convalse	cent Ctr.	1015 Cathede	eral Street		
5. SEX	6.	RACE	7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	If Und	er 1 Yr. If Under 24
M		N	WIDOWED A	DIVORCED	9-17-97	last birthda	Manini	Doys Hours M
IOA. USUAL	O CCUPA	TION (Give kind of work king life, even if retired)	108, KIND OF BU	ISINESS OR INDUSTRY	11. BIRTHPLACE (Stote or fo	reign country'	12. CI1	IZEN OF WHAT COU
ndust	rial	Engineer			Pennsylvania			TT C A
13. FATHER			<u> </u>		14. MOTHER'S MAIDEN NA	AMF.		U.S.A.
		Tantana and IT	Thomas D	-10-			3	
5 Wes De	coased F.	UNRIGIONITY T			Ozzasza WIII	izabeth Re	eed	
Yes, no or u	nknown) (If	yes, give wor or dote	s of servicel	SECURITY NO.	17. INFORMANT			ADDRESS
				216-03-2393	Admitssion	Pagand		
18.	60	. / 1		CAUSE OF DEAT	1	nemora		APPROXIMATE INTERV
1		OR CONDITION DI	RECTLY			0		BETWEEN ONSET AND D
471.		ADING TO DEATH		(A)IMMEDIATE CAL	SE CAT	Cuma		6 miles
heart 1	ailure, asi	mean the mode of thenia, etc. It means	the disease.	DUE TO, OR AS	A CONSEQUENCE OF:	U		
injury	ar campli	calian which caused	death.)					
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DISEA	SES OR	CONDITIONS, IF	any, giving	DUE TO, OR AS	A CONSEQUENCE OF:		***************	
rise	a the	above cause (A)	slaling the					
UNDE	KLTING C	ONDITION tast.		(c)				
E TO THE	DEATH B	II NI CONDITIONS CO UT NOT RELATED TO TI	HE TERMINAL					
U IPA. DA	TE OF OF	PERATION 198 CON	T 1 (A).	CH OPERATION	20A. AUTOPSY? (Yes or N	all 208 IE Vee WERE	EINIDING	CONSIDERED
		WAS PERI	FORMED			IN CERTIFYING CA	USES OF	DEATH?
U 21A. A	CIDENT	WAS UNDERLYING	218. PL/	CE OF INJURY (e.g., i	or obout 21C. WHERE DID	III In Baltima	re Chy of	ve exact location)
OR CO	Inglify me	IG CAUSE OF Codicol examined	hame, i	orm, foctory, street, of	ice bldg., INJURY OCCUR?	tu un nomund	ire City, gr	ve exoct toconon;
O 210. YIA								
F OF INJ	URY	lanth) (Doy) (Year)		JURY OCCURRED	21F. HOW DID IN	JURY OCCUR?		
(APPRO	X.)		While /	Not While	· 🗆			
22. 1 c	ertify the	it (1) (this haspital	) attended the	leceased from	31.1	192210	-	3/- 4 10 -
		st saw the decease			10/23/			14
ĭ				7/		hat in (my) (aur) api	inion dec	ith accurred on the
	NATURE	am the causes stat	ed above. (I) (Y	re) (did) (did not) v	lew the bady after death.			
230.310	MAIORE		al na	A	dia m	C. II.	23 B, DA	TE SIGNED
	0		all	DEGREE Phys	Med. Director	Staff Phys.	3/	40/12
23G. PH	ME (Typel	4	1 110		3DF ADDRESS	200	-0	
24A, \$11914	CREAL	TION, 124B, DATE	7 ME	DEGREE	YO Freak of	1200	2	2/212
24A. BURIA REMO	VAL (Spec		24C, NAME	of CEMETERY of CRE			ity, town,	
	ial			ine Park	V	Voodlawn		Md.
25A. DATE	REC'D BY	HEALTH DEPT.	258 NAME OF R	EGISTRAR	25C. FUNERAL DIRECTO	R		ADDRESS
AR 2.4	1972	Carlotte & A	statistics by the	Em Ed	JUZZ JAZ	H 3	7	LATO.
\$ 150-REV	1/1/68		***		THE REAL PROPERTY.	E CANAL CANAL	y w	Markey Coll

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This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.
--

81	M-24	2 72	029	65 BALTIMORE C		OF DEATH	REG. NO	72	02965
	NAME OF DEC	EASED				2. DATE AL	ND HOUR OF DEATH		
L		TIMORE MARYLAND, W			14 1151	MA	RCH 19.19	72	10:00 A M. residence before admission)
					A. 51A	11 B. COU	NTY	n stitution:	residence before admission)
H	STITUTION	(IF NOT IN HOSPIT ADDRESS OR LOCA	AL OR INS	STITUTION, GIVE STREET		ryland	D. INS	IDE CITY	
6	20 49	01 Frederi	ck Ro	<b>1.</b>		Itimore EET AND NUMBER		YES	NO
5.	SEX	6. RACE	7			04 Freder		1 1/ 12	
	emale	White	* MARRI WIDOW		- 8-1	1-1908	9. AGE (In years lost birthdoy)	Months	er 1 Yı. If Under 24 Hrs. Doys Hours Min.
104	USUAL OCC	UPATION (Give kind of work		OF BUSINESS OR INDUS	TRY 11, BIR	THPLACE (Sloto or fore	3 63	12. CIT	TZEN OF WHAT COUNTRY?
don		working life, even if refired)		Uama			2		
13.	HOUSEY			Home		MYNA, Tur			USA
	Consta	ntine Mina	dakis		F	razi Dala	velakis		
15.		Ever in U. S. Armed For				DRMANT			ADDRESS
410		yes, give war or dole	s or servic		20 14	_ 7/23.2			Frederick Ave
_	NO 18. //	271		253-52-35 CAUSE OF DE		s. Kiki T	sirigos Ba	altir	APPROXIMATE INTERVAL
	DISEAS	E OR CONDITION DIE	ECTLY		0	~ 11	de 1		BETWEEN ONSET AND DEATH
	(This does n	LEADING TO DEATH at mean the mode of	duina a	(A) IMMEDIATE			ent Jack	n	1200
	hearl lailure,	asthenia, etc. It means	the disea	bue to, or	AS A CONSI	OUENCE OF:			
	ANTECEDENT CAUSES								1-2-1
		R CONDITIONS, if	any, givi	ing (B) 7 202	AS A CON	SEQUENCE OF:			0)7
	rise la the	above cause (A) CONDITION last		lhe					
	ONDERLING	CONDITION Idst.		(c)					
ATION	TO THE DEAT	II  ICANT CONDITIONS COI  H BUT NOT RELATED TO THE  ONDITION GIVEN IN PART	E TERMIN	IG AL	****		*******************		
ERTIFIC	19A. DATE OF	OPERATION 198 CON	DITION FO	R WHICH OPERATION	20 A	AUTOPSY? (Yes or No	IN CERTIFYING CA	FINDINGS USES OF	CONSIDERED DEATH?
CALC	21A. ACCIDEN OR CONTRIBU DEATH (notify	IT WAS UNDERLYING TING CAUSE OF medical examines		21B PLACE OF INJURY (e. home, form, foctory, street, etc.)	g, in or about olfice bldg	121C. WHERE DID	(II In Baltimor	e City, giv	ve exocl location)
MEDI	21 D. TIME OF INJURY	(Monthl (Doy) (Year)	- 1	21E INJURY OCCURRED		21F. HOW DID INJ	URY OCCUR?		
2	(APPROX.)			While At We At We					
	22. I certify	that (1) (this-hospital	) ottende	d the deceased from		4-11-	1942 to	3 -	19 19 72
		lost sow the decease			7 1	773 de			oth occurred on the date
and hour and from the causes stated above. (1) (We) (dtd.) (did not) view the body after death.									
	23A. SIGNATU	22-4 0	1	2	Attending [7	5 Med -	State Con	23 B. DA	TE SIGNED
	23C.PHTSICIA	nesk Jal	lage	17- DEGREE	hys.	Director L	Phys.	3-0	20-72
	NAME (T	ype)		. 0	23 D. AD				
244	BURIAL CRE	Wilmer K.		NAME OF CEMETERY OF	CREMATOR	9 Frederi			ville, Md. or county) (Stotel
	Burial		72	Greek Ortho	dov	Wo	odlawn, Mo	3	
1	DATE REC'D	BY HEALTH DEPT.		E-OF REGISTRAR	25C.	FUNERAL DIRECTOR			ADDRESS
-	MAK 24	1312 Valle of 8	· The	es, 189, 111		dw) S, Ma	cNabb Son:		nc.
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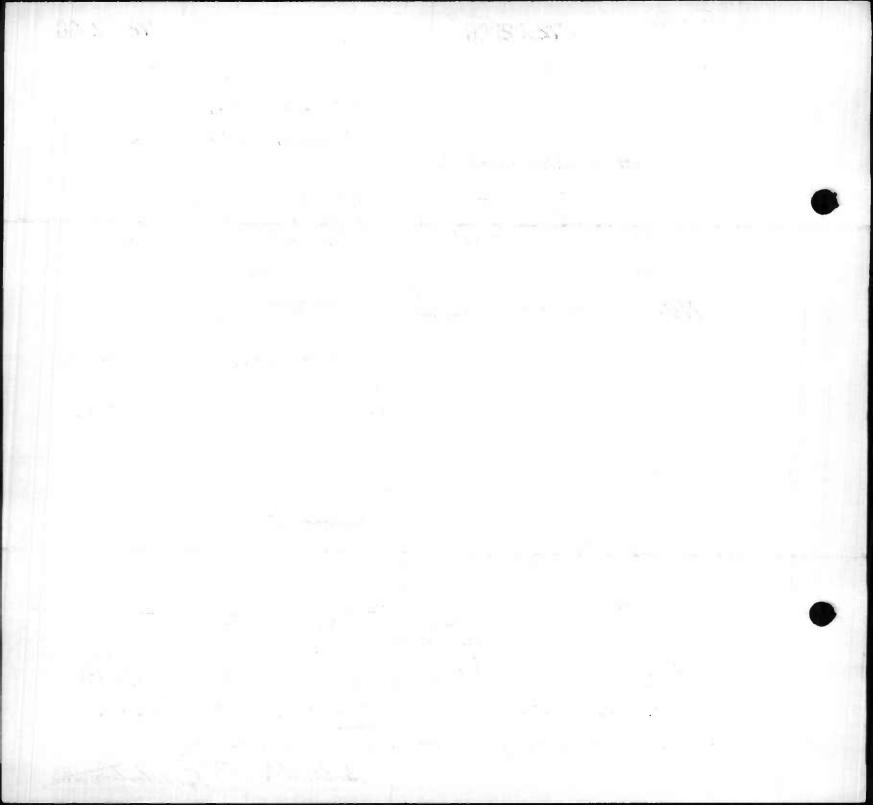
IN U.S. INC. SERVED IN SER . I collected by Floren ... 65 17/3//2 607/7

### IMPORTANT FUNERAL DIRECTOR:

This cortificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the written approval must be obtained before the remains are embalmed or final disposition is made.

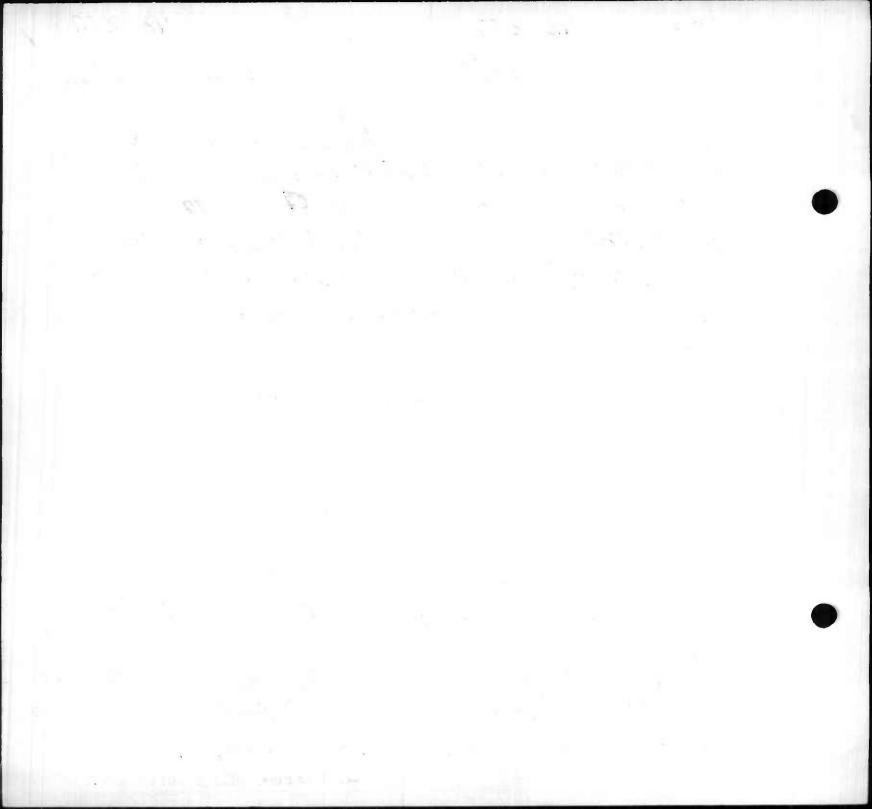
### BALTIMORE CITY HEALTH DEPARTMENT

1	-146	72	029	66 CEPTIFICA	TE OF DEATH	REG. NO	72 02966	
	TH NO.	EASED	0.00	OU CERTIFICA				
	e or Print)	Henry Eppl	er			20-72 7	35	
3.	PLACE IN BAL	TIMORE MARYLAND, W		DUNCED DEAD	4. USUAL RESIDENCE (Wh	ere deceased lived. If	institution: residence before admissiont	
					602 W. 36t	NII	1700	
HO	LL NAME OF	ADDRESS OR LOCA	ATION)	TUTION, GIVE STREET	C, CITY OR TOWN	-	SIDE CITY LIMITS?	
	- Comme				Baltimore.	21211	YES NO NO	
7					E. STREET AND NUMBER		163 100	
		ood Samarit	an Ho	<b>s</b> pital				
	EX	6. RACE	7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs. Months! Doys Hours Min.	
ll '	Male	W	WIDOWED	DIVORCED [	2/10/91	81	Months Doys Hours Min.	
done	USUAL OCCU  during most of t	JPATION (Give kind of work varking life, even if retired)	10B, KIND C	F BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or for	reign country)	12. CITIZEN OF WHAT COUNTRY	
11	nechani		$T_{3}$	rucking	Marvland		USA	
13.	FATHER'S NAM	AE			14. MOTHER'S MAIDEN NA	ME	0.02.2	
	un	known			unknov	wn		
15. \ (Yes	Was Deceased	Ever in U. S. Armed Fore	es?	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS	
ur	. 1 ///	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		212-10-2433	Patient			
	18.//	2 1/1		CAUSE OF DEAT	! H		APPROXIMATE INTERVAL	
	DISEAS	E OR CONDITION DIR	ECTLY				BETWEEN ONSET AND DEATH	
		LEADING TO DEATH		(A)IMMEDIATE CAU	se Cardiac an	rrest	30 min	
	heorl loilure,	osthenio, etc. It means	the discose	/ /	A CONSEQUENCE OF:		***************************************	
	injury or com	plication which coused	deoth.)					
		NTECEDENT CAUSES		(B) D1	neumonia		5 days	
	DISEASES OR CONDITIONS, if any, giving rise to the obove couse (A) stoling the							
	UNDERLYING	CONDITION lost,	oloung Inc	(c)				
-		11						
	TO THE DEATI	CANT CONDITIONS CON BUT NOT RELATED TO TH	E TERMINAL					
CA	DISEASE OR CO	ONDITION GIVEN IN PART	1 (A).	WHICH OPERATION	20A. AUTOPSY? (Yes, or N	all 200 to yee turns	5404405 COALS 5555	
CERTIFIC	0	WAS PERF	DRMED	THE OF EXCHOR	1.		FINDINGS CONSIDERED	
S	21A. ACCIDEN	T WAS UNDERLYING	21	PLACE OF INJURY (e.g., i	of about 21C, WHERE DID		NO re City, give exact facation)	
¥	DEATH (notify	medicol exominei)	elc	ne, form, foctory, street, of	fice bldg., INJURY OCCUR?			
MEDICAL	21D. TIME	(Month) (Doy) (Yeart	(Houd 218	INJURY OCCURRED	21F. HOW DID IN	JURY OCCUR?		
8	OF INJURY (APPROX.)		W	nile At   Not While				
	22. I cortify	that (A) (this hospital)						
		last saw the decease		3-20		19		
					17and th	hat in (m)() (aur) api	nian deoth accurred on the date	
	ZJA. SIGNATUI	E //	d abave.	H (mer (did) (did het) v	lew the body after deoth.			
	1/20	77 100.0	1/	SILCA Atte	nding Med.	Staff C	23B, DATE SIGNED	
	23 C. PHYSICIAI	ts COO	100	DEGREE Phys	Director L	Staff Phys. Di	3/20/72	
	NAME (Ty	pe)	37	1			3.1 3.1 3	
24A	BURIAL CREA	Bernard H		AME of CEMETERY OF CRE	1520 36th s		lto. Md.	
2	REMOVAL (S	secify)	,				ity, town, or county) (State)	
-	DATE REC'D	3/24/1 BY HEALTH DEPT.		BARAINE PAI		CTG, MD,		
1	LO GAN	1072 R. G. & &	CALLO .	OF REGISTRAR	25C FUNERAL DIRECTO	and 3	ADDRESS	
VS 1	50-REV. 1/1/6	W/L		Th.		261	schedent sice,	



# FUNERAL DIRECTOR: IMPORTANT

BALTIMORE CITY HEALTH DEPARTMENT 72 02967 72 02967 CERTIFICATE OF DEATH Such Deceased death 1. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) E0 hospital death. of 3. PLACE IN BALTIMORE, MARYLAND. WHERE PRONOUNCED DEAD RESIDENCE (Where deceased lived, If institution; residence attendance A. STATE COUSE FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) CITY OR TOWN etermined cause; 9 D. INSIDE CITY LIMITS 0 YES PO NO prior contributing is made. regular 9. AGE (In years MARRIED deceased Il Under 1 Ya Il Under 24 Hrs. WIDOWED X DIVORCED kind of work 108, KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? disposition death 2 MOS 4 15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dotes of service) AUGHN eath 6 6. SOCIAL final SECURITY NO. attendance Ū 450/\_A 02 N. WASHINGTON any pronounced 10 18. CAUSE OF DEATH APPROXIMATE INTERVAL ARCINOMA BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY embalmed of LEADING TO DEATH (A) IMMEDIATE CAUSE fracture IThis does not meen the mode of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF: heart failure, asthenio, etc. It means the disease, regular injury or complication which caused deoth.) METASTASIS ANTECEDENT CAUSES who (B)\_\_\_\_\_\_\_DUE TO, OR AS A CONSEQUENCE OF: are DISEASES OR CONDITIONS, if any, giving ල sise to the above cause (A) sloting the physician the remains UNDERLYING CONDITION last Was burns; 11 CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING physician TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A) Body 19A-DATE OF OPERATION 8 the 198 CONDITION FOR WHICH OPERATION WAS PERFORMED 20A. AUTOPSY? (Yes or No) 208, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? to the hospital by 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF any nature; (2) where 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? (It in Boltimore City, give exoct location) S N MEDICAL DEATH (notify medical examined 21D. TIME OF INJURY [Month! (Doy) (Year) (Houd) 21 & INJURY OCCURRED 9 21F. HOW DID INJURY OCCUR? approved (except While At Not While [APPROXJ and Work 22. I certify that (1) (this hospital) attended the deceased from 45 that (I) (we) last saw the deceased alive an and that in (my) (aur) opinion death occurred an the date hospital death) and haur and fram the causes stated above (1) (We) (did nat) view the bady after death. the body was released must An accident 238, DATE SIGNED Attending | 9 Med. ~ Staff approval Phys. Phys. 8 23 C. PHYSICIAN'S NAME (Type) prior 23D. ADDRESS at 180 9hhis D.O.A. 24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify) shows: (1) pespese 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) (Stote) 3-28-72 Md National Mem. Park Laurel Md. Was 25A. DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR 25C FUNERAL DIRECTOR March 928 E North Ave. VS 150-REV. 1/1/68



FUNERAL DIRECTOR: IMPORTANT

1	M-262 72 02968 BALTIMORE CITY HEALTH DEPARTMENT
and eath ased the Such	SIRTH NO. CERTIFICATE OF DEATH
- 0 D W	(Type or Pinn) Heorgia McCracken 3-23-72 835 Pm
of do	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where decessed lived, if institution; residence before admission)
V	FULL NAME OF UF NOT IN HOSPITAL OR INSTITUTION, GIVE STORET   BOLL I was MAN I A 1
0000	HOSPITAL OR ADDRESS OR LOCATIONI INSTITUTION  O. INSIDE CITY LIMITS?
ng caus caus atter	Heorge Whengton Mysingtone  Batimore  Batimore  No  No  No  No  No  No  No  No  No  N
ded of	
325700	5. SEX 6. RACE 7. MARRIED NEVER MARRIED 8. DATE OF SIRTH 9. AGE (in years lift Under 1 Ye., if Under 24 Hrs. Months; Doys Hours; Min.
occur ontrik ermin regul eased is ma	Temple   Slock   WIDOWED   DIVORCED   7-36-1911   104. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country)   12. CITIZEN OF WHAT COUNTRY?
ath in dec	done during most of working life, even if retired)
de Sis	13. FATHER'S NAME  14. MOTHER'S MAIDEN NAME
lirect (4) (4) h we n the dispo	Charles Hodges Willie Bennett
-0 -0	15. Wos Decessed Ever in U. S. Armed Forces?   16. SOCIAL   17. INFORMANT   ADDRESS   SECURITY NO.   17. INFORMANT   ADDRESS   18. SOCIAL   17. INFORMANT   ADDRESS   18. SOCIAL   17. INFORMANT   18. SOCIAL   18.
STA D SE	215-18-9188 Hazel Cherishaus 47/2 Pilgrim Rd
o, if fany nced enda d or	DISEASE OR CONDITION DIRECTLY  CAUSE OF DEATH  CAUSE OF DEATH  APPROXIMATE INTERVAL  BETWEEN ONSET AND DEATH
Also Also of of noun atte	LEADING TO DEATH
	heart failure, asthenia, etc. It means the disease,
miner. fractu o pro gular emba	ANTECEDENT CAUSES  ANTECEDENT CAUSES
A A P	DISEASES OR CONDITIONS, if ony, giving  (B)  DUE TO, OR AS A CONSEQUENCE OF:
al ex (3) an in	ise to the above cause (A) stoling the UNDERLYING CONDITION tost. (c) Table Henry Legra Clukw
nedical edical burns; hysicia n was remain	Z OTHER SIGNIES AND CONTRIBUTIONS
med dy bu	O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING IT OTHE DEATH BUT NOT RELATED TO THE TERMINAL  DISEASE OR CONDITION GIVEN IN PART 1 (A).
chief gody the the ysici	
090000	U 21A ACCIDENT WAS UNDERLYING 21B PLACE OF INJURY (e.g., in or obout 21 C, WHERE DID (If In Relitimore City, give exact location)
== ====================================	G DEATH (notify medical examiner)
d d b y C b	OF INJURY  OF INJURY
proved the ho ny nat except and (c	(APPROX)
appr to th of any if (ex	22. I certify that (1) (this hospital) attended the deceased from 19 12 to 23 Way 19 12 that (1) (we) last saw the deceased olive an 6 wavel 19 2 and that 16 (my) (aux) opinion death accurred on the date
be a sed to nt of pital eath)	and have and from the causes stated above (1) (We) (did) (did not) view the body after death.
death)	23A. SIGNATURE 23B. DATE SIGNED
a h	Suchered Flyton, Med. Director Phys. Director Phys. Director 23 May 12
0 - 0 5	23C.PHYSICIAN'S NAME (Type)  23D. ADDRESS  936 West North Avenue
	Dr. Richard Tyson, M.D.  DEGREE Baltimore, Maryland 21217  24A. BURIAL CREMATION, 24B. DATE   24C. NAME of CEMETERY of CREMATORY   24D. LOCATION (City, 10 yrs. of county) (Sheet)
body was ws: (1) An D.O.A. a eased pric	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county)  BULLAL Specify 3-26-72 MH. Calvary Cemeter Anne Arundel Cty. > Md.
This certif the body shows: (1) was D.O. deceased written ap	Devise 1
≮で≮にはは	25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR. ADDRESS WAR 21 1972 WAY C MARCH 928 E NORTH AVE
	V\$ 150-REV. 1/1/68

25A. DATE REC'D BY HEALTH DEPT.

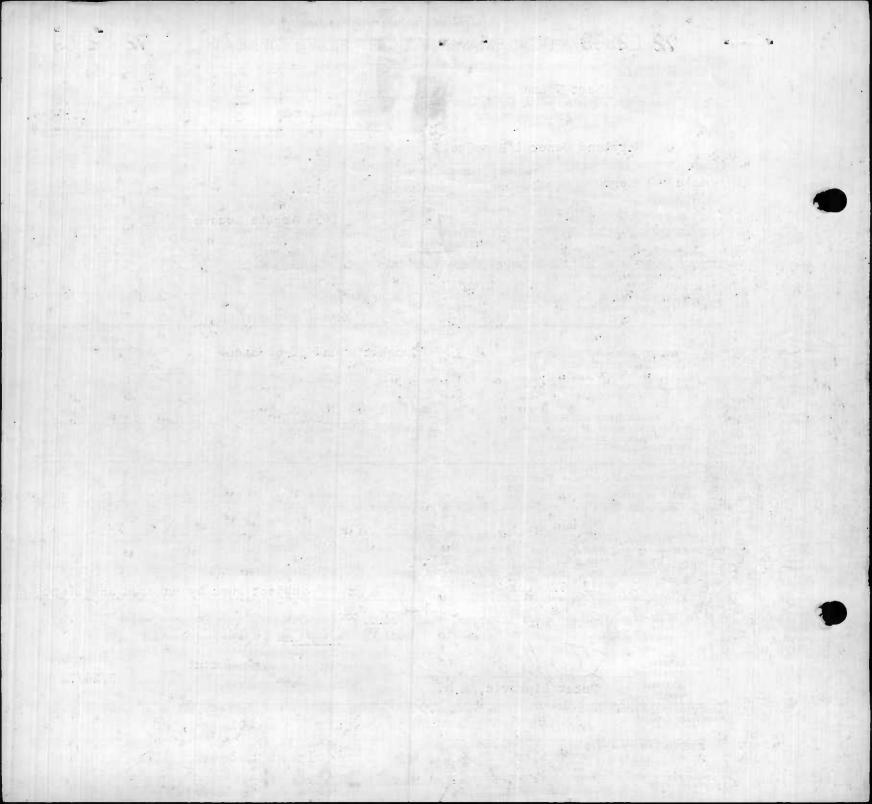
258. NAME OF REGISTRAR

25C. FUNERAL DIRECTOR

**ADDRESS** Adolphus Halstead

north ave

VS 151-REV. 1/1/68



4994	BIRTH NO.	ERTIFICATE OF DEATH REG. NO	72 02970
dea deas n t	1. NAME OF DECEASED (Typo or Print)  JOHNSON, ELIZA	2. DATE AND HOUR OF DEATH $\frac{3}{2}/23/T2$	1 10-34 0
ospir e of 5) De nce leath	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED I	A. STATE B. COUNTY	
caus use; (caus tenda	HOSPITAL OR ADDRESS OR LOCATIONI		DE CITY LIMITS? YES NO
d ca d ca d ca d ca d ca	Lutheren Hispita	E. STREET AND NUMBER	Tark.
occurr ontribu ermine regula eased is mad	FEM ALE NEGEO. WIDOWED	R MARRIED   S. DATE OF SIRTH   19. AGE (In yeors lost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
e e e	10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINES done during most of working dife, even if retired)	S OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country)	12. CITIZEN OF WHAT COUNTRY?
way the	To Seph Butlen	14. MOTHER'S MAIDEN NAME	
the di the di kind; death ince on final di	15. Wos Deceosed Ever in U. S. Armed Forcos? (Yos, no or unknown) (If yes, give wor or dotes of service)  SECT	JAL JRITY NO. 17. INFORMANT	ADDRESS
fany nced nced or fi	18. 4 36,01 CA	LUSE OF DEATH	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
Als att	LEADING TO DEATH  (This does not meen the mode of dying, e.g., heart loilure, osthenia, etc., if meens the disease.	DUE TO, OR AS A CONSEQUENCE OF:	3 days.
fract fract ho pr egula	ANTECEDENT CAUSES	, Essential lupporter sin	Sweet years
(3) / (3) /	DISEASES OR CONDITIONS, if any, giving rise to the obave cause (A) stating the UNDERLYING CONDITION tast.	DUE TO, OR AS A CONSEQUENCE OF:	
medical nedical burns; physicia an was remain	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING ITO THE DEATH BUT NOT RELATED TO THE TERMINAL		
ody he sici	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL OF DISEASE OR CONDITION GIVEN IN PART 1 (A).  1994. DATE OF OPERATION 1998. CONDITION FOR WHICH OF WAS PERFORMED  218. PLACE C	PERATION   20A. AUTOPSY? (Yes or No.) 20B, IF YES, WERE F	INDINGS CONSIDERED USES OF DEATH?
here lo p	OR CONTRIBUTING CAUSE OF home, form, etc.)	OF INJURY (e.g., In or obotil C. WHERE DID (If in Boltimore factory, street, office bidg., INJURY OCCUR?	City, give exoci location)
hosp nature ept v d (6) ained	OF INJURY (APPROX.)    Control   Con	OCCURRED  Not While  At Work	
any any	22. I certify that AF (this hospital) attended the decea that AF (we) lost saw the deceased clive on		23 19172
dent of death)	and hour and from the causes stated above. (We) (d	lid) (did not) view the body ofter death.	23B, DATE SIGNED
a 5 4 5 4	23C. PHYSICIAN'S NAME (Typel	Attending Med. Staff Phys.   23D. ADDRESS	
y was r (1) An a 3.A. at d prior	DEIN LWIN	DEGREE	TAL' y, fown, or countyl (Stotel
D.G. C.	BUNIAL 3-27-72 MT.  25A DATE REC'D BY HEALTHYDER A DESIGNAMENT REGIST	Auburn Com. Balt.	ADDRESS
the show	MAR 24 19/2 VS 150-REV. 1/1/68	0 0 0 Eling 0. Wilson	- 1000 Bruntley And

Joseph Butter

1.1.1 Amry Mc Down

3-27-72 Mr. Achin Co. 13alto

Elmy O. L. Come Continued

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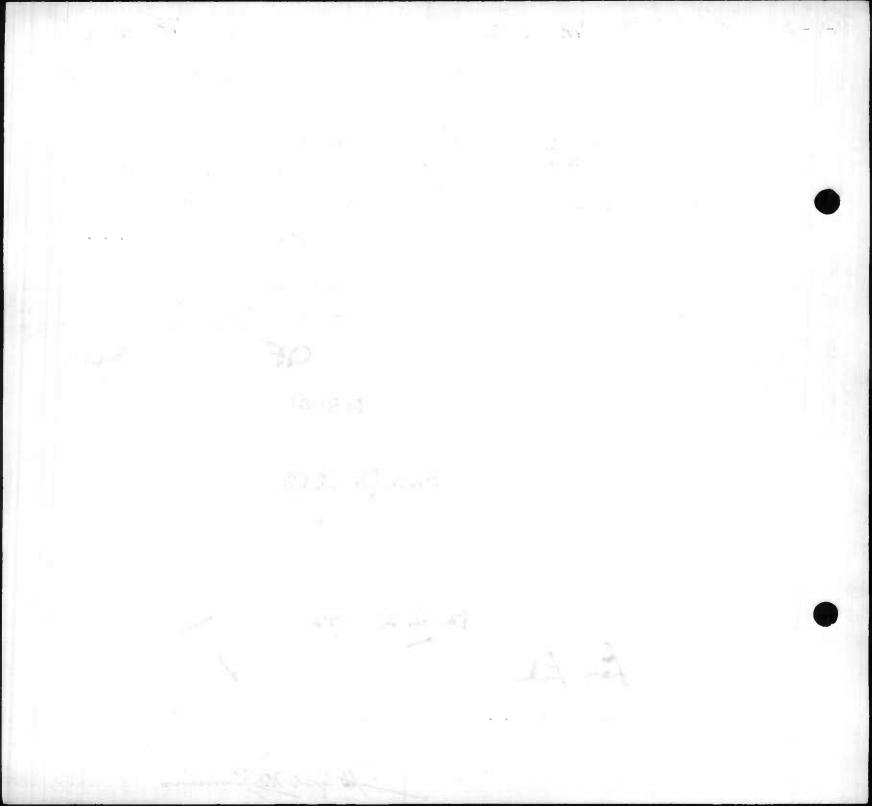
BIRTH NO.	CERTIFICA	TE OF DEATH	KEG. NO	~ 02071
1. NAME OF DECEASED		2. DATE	AND HOUR OF DEATH	
(Typo or Print) Carrie Bucher			rch 21, 1972	
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRON		4. USUAL RESIDENCE (W	here deceased lived. If i	nstitution: tesidence before admission)
SHILL MAAR OF STREET OF MARKET OF MARKET		A. STATE B. CO	אואע	7100
FULL NAME OF (IF NOT IN HOSPITAL OR INSTI HOSPITAL OR ADDRESS OR LOCATION)	TUTION, GIVE STREET	Maryland c. CITY OR TOWN	In this	2000
		Baltimore	D. IN	YES A NO
Baltimore Caty Hosp		E. STREET AND NUMBER		YES A NO
4940 Eastern Avenue	21224	3415 E Prat	+ Ct most	21224
5. SEX 6. RACE 7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	
		2/21/91	lost birthday)	If Under 1 Yr. If Under 24 His. Manths Days Hours Min.
Female   Caucasian WIDOWE	PERUSINESS OR INDUSTRY	11. BIRTHPLACE (State of 6	80	12. CITIZEN OF WHAT COUNTRY
done during most of warking life, even if relired)			reigh country)	U.S.A.
Homemaker		Baltimore		0.D.A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN N	AME	
John		Isabelle		
15. Was Deceased Ever in U. S. Armad Forces? (Yes, no ar unknown) (it yes, give wer or dates of service)	1 6. SOCIAL	17. INFORMANT		ADDRESS
No	SECURITY NO.	BCH-Records	4940 Easte	
118, / / / / / / / /	CAUSE OF DEATE		Baltimore	Maryland 21224
DISEASE OR CONDITION DIRECTLY	CAUSE OF BEAT		,	BETWEEN ONSET AND DEATH
LEADING TO DEATH		CHE	,	3mans
(This does not mean the made of dying, e.g.	(A) IMMEDIATE CAU	CONSEQUENCE OF:		
heart failure, asthenia, etc. It means the disease injury ar camplication which caused death.)		_		Ŭ
ANTECEDENT CAUSES		ACCUP		1
DISEASES OR CONDITIONS, if any, giving	(8) OR AS	A CONSEQUENCE OF:		***************************************
rise to the above cause (A) stating the	3 201 70, 011 70	A CONSECUTIVE OF		
UNDERLYING CONDITION lost.	(c)			
_ !!	01	A.\ .		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	lasoft	W. LBBB		
DISEASE OR CONDITION GIVEN IN PART 1 (A).		-		***************************************
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A), 179A. DATE OF OPERATION 179B. CONDITION FOR WAS PERFORMED  21A. ACCIDENT WAS UNDERLYING 121	WHICH OPERATION	20A. AUTOPSY? (Yes or	IN CERTIFYING CA	FINDINGS CONSIDERED
U 21A ACCIDENT WAS UNDERLYING 21	P DI ACE OF INITION/ I	IV 💿		
On CONTRIBUTION TO THE CO.	B. PLACE OF INJURY (e.g., in me, form, foctory, street, off	ice bldg. INJURY OCCUR?	(It in Ballima	re City, give exoct location)
DEATH (nality medical examiner)				
= OF INJURY	E INJURY OCCURRED	21F. HOW DID II	JURY OCCUR?	
(APPROX)	hile At Not While	' 🗆 📗		
22. I certify that (1) (this hospital) attended	the deceased from		_19to	19
that (I) (we) last saw the deceased alive an.	147	19 7 2 and		nion death occurred on the date
and haur and from the causes stated above.	,			mon deuth occurred on the date
23A. SIGNATURE	(i) (me) (ala) (ala Not) Vi	ew the body after death	•	loss Barr sloves
Lon L. J.	Atter	iding Med.	Staff FV1	238, DATE SIGNED
23C. PHYSICIAN'S	DEGREE Phys.	Director L	Phys.	
NAME (Type)	2	3D. ADDRESS		
Leon Landau M.I	GEGREE	4940 Eastern	Avenue 212	24
24A. BURIAL CREMATION, 24B. DATE 24C. N	AME of CEMETERY OF CRE	MATORY 24D.	LOCATION (C	ly, town, or county) (Stote)
Burial 3/25/72 5	acred He	art 1	Balto. 1	1 d.
25A. DATE REC'D BY HEALTH DEPT.   25B. NAME		25C. JUNERAL DIRECTO	OR .	ADDRESS
<b>■ ■ ■ ■ ■ ■ ● ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ </b>	( )	161 A A A	1.0	d

25C. JUNERAL DIRECTOR

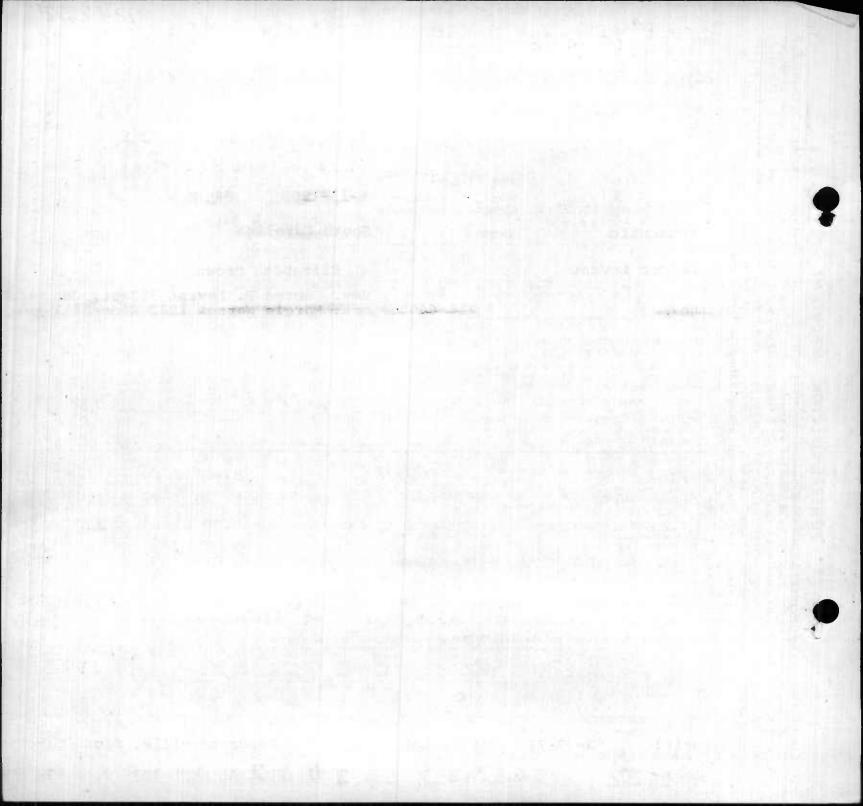
e OF REGISTRAR

the bady was released to the haspital by a medical examiner ar his assistant if death occurred in a hospital and lessays. (1) An accident af any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased beceased priar to death); and (6) Na physician was in regular attendance.

VS 150-REV. 1/1/68



7 101	BALTIMORE CITY	HEALTH DEPARTMENT	72 02972
BIRTH NO. 72 02972	CERTIFICA	TE OF DEATH REG. NO.	/ C 0 C 0 C 0 C 0 C 0 C 0 C 0 C 0 C 0 C
1. NAME OF DECEASED (Type or Print) FRAZIER, N	EATHER	2. DATE AND HOUR OF DEATH  MARCH 22	19) × 120 P
FULL NAME OF (IF NOT IN HOSPITAL OR IN:	STITUTION, GIVE STREET	A. USUAL RESIDENCE (Where deceased lived, If in A. STATE B. COUNTY	160 4
PAR HILL NURSING	Home	BALTIMORE	YES NO
90		1932 RIDGE HILL +	Ave. 21217
5. SEX 6. RACE 7. MARRI WIDOW TOA. USUAL OCCUPATION (Give kind of work 10 B, KIND		5-13-1905  9. AGE (In yeors lost high) 66	If Under 1 Yr. If Under 24 Hrs Months Doys Hours Min.
done during most of working life, even if retired)	ome	South Carolina	USA
13. FATHER'S NAME Nelson Levant		14. MOTHER'S MAIDEN NAME Elizabeth Brown	
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dates of service) No	16. SOCIAL SECURITY NO. 218-640368	Rev. George E. Levant Mrs. Margie Warren 193	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (This does not mean the mode of dying, a heart failure, asthenia, etc. It means the disectingury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, giverise to the above cause (A) stating UNDERLYING CONDITION last.	(B)	A CONSEQUENCE OF:  A CONSEQUENCE OF:	2 Sional zn
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMING DISEASE OR CONDITION GIVEN IN PART 1 (A).	AL MARCO	Consul Cingurar  [20 A. AUTOPSY? (Yes or No!) 20 B. IF YES, WERE	EINDINGS CONSIDERED
WAS PERFORMED		Me IN CERTIFYING CA	USES OF DEATH?
OR CONTRIBUTING CAUSE OF  DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., home, form, foctory, street, o etc.)		re City, give exoct location)
21D. TIME (Month) (Doy) (Year) (Hour) OF INJURY (APPROX.)	21E. INJURY OCCURRED  While At Not While Work  Not Work		
22. I certify that (I) (this hospital) attended	ed the deceosed from	1 mon 1972 10	22 Min 192
that (I) (we) lost saw the deceased alive on ond hour and from the causes stated above		19 72 ond that in (my) (aur) opi	nion death occurred on the do
23A. SIGNATURE Hulla	410-	ending Med. Staff	23B. DATE SIGNED  2
23C. PHYSICIAN'S NAME (Type) J. HV // a	M.D. GEGREE	23D. ADDRESS 9-14 Etayetts	2123/
24A. BURIAL CREMATION, 24B. DATE 24C REMOVAL (Specify)	NAME of CEMETERY of CR	EMATORY 24D. LOCATION (C	ity, town, or county) (State)
	Family Lot	25C. FUNERAL DIRECTOR	le, South Carol
MAR 24 1972 12 2 2 3 2 3 2 3 2 3 2 3 2 3 2 3 2 3 2	en MB.	NUTTER FUNERAL HOME	3035 W. NORTH A



#### BALTIMORE CITY HEALTH DEPARTMENT

72 02973

MILDICAL LAMINITING CENTILICATE OF DEATH	MEDICAL	<b>EXAMINER'S</b>	CERTIFICATE	OF	DEATH
--	---------	-------------------	-------------	----	-------

BIF	TH NO.						REG. NO.			
	NAME OF DECEASED			2. DATE	Knawn 🗌	Month	Day	Year	Hour	
(1)	WILLIA	M SHERMAN	HAYNES	OF DEATH	Estimoted 🗌					М.
4.	PLACE IN BALTIMORE, M.	ARYLAND, WHERE	PRONOUNCED DEAD	3. DATE		Month	Doy	Yeor	Hour	
FUI	L NAME OF (IF NO	TIN HOSPITAL OR IN	ISTITUTION, GIVE STREET	PRONOL	INCED DEAD	March	22, 1972		7:10	A . M
Q.R	INSTITUTION	ESS OR LOCATION)		5. USUAL RE	SIDENCE (When				,,,,,	sion)
0	2515 McCulloh	Stroot 2	nd floor	A. STATE	Marentand		B. COUNTY		121	3
6	SEX 7. RACE			C. CITY OR	Maryland		D. INSIDE CIT	V HAITS?	The Party and th	The same of the sa
			RRIED NEVER MARRIED	Balti						
	Male Neg		WED DIVORCED		ND NUMBER		YES	s 🔠	NO. L	
	DATE OF BIRTH	10. AGE (In years	If Under 1 Yr. If Under 24 Hrs. Months; Days; Hours; Min.							
	0-1-1887	84			McCullo	h Str	eet			
11.	BIRTHPLACE (State or forei	gn country)	12. CITIZEN OF	13. FATHER'			_			
	Maryland		WHAT COUNTRY?	Will	iam G.	Hayne	s Jr.			
			D OF BUSINESS OR INDUSTR	15. MOTHER	S MAIDEN NA	ME	1000			
don	e during most of working life, e	Pvt	. Family	Anni	e Bantu	m				
16.	WAS DECEASED EVER IN		ES? 17. SOCIAL	IB. INFORM			AD	DRESS	W.	
(Ye	s, no or unknown) (If yes, give	wor or dotes of servi	ce) SECURITY NO.	036	T - 3 - **					
-	yes   Worl	d War I	215-03-022 CAUSE OF DEA	PMIS.	тота на	ynes	2515 Mc	CILL	Oh St	TERVAL
	"4/2 4							BETW	EEN ONSET A	
	DISEASE OR CONI		Arterio	sclerot	ic cardio	vascul	ar disea	se		
	LEADING T		(A) IMMEDIATE C							
	(This does not meon the heart failure, asthenia, et			AS A CONSEQ	UENCE OF:					
	injury or complication wh	ich caused deoth.)								
	ANTECEDENT	CAUSES	(n)							
	DISEASES OR CONDIT		G DUE TO, OR	AS A CONSEC	UENCE OF:					. CO CO states for tor states a
	RISE TO THE ABOVE CA	AUSE (A) STATING TH	IE	in my						
몽	ONDERETHING CONDI	TOTAL LAUT.	(C)							
Ĕ	OTHER CLOSE CONTROL NET CO	II	ITINIC							
CERTIFICATION	OTHER SIGNIFICANT CO	T RELATED TO THE TER	MINAL							
쁘	DISEASE OR CONDITION		•						()/	
黑	20A. DATE OF OPERATIO	N 208. CONDITIO	N FOR WHICH OPERATION W	AS PERFORM	ED	21. AUTO	PSY? (Yes o	r No)		
								n	0	
V V	22A. EXTERNAL CAUSE		22B. PLACE OF INJURY (e.g., home, form, foctory, street, offic	in or obout 2	2C. WHERE DID	(If in Boltimo	re City, give exoc	t locotion)		
MEDIC	UNDERLYING OR CON		nome, form, fociory, sireer, onic	e blag., etc.) II	WORL OCCOR:					
ĮΞ	22D. TIME (Month) (		our) 22E, INJURY OCCURRED	2	2F. HOW DID IN	JURY OCC	UR?			
	OF INJURY (APPROX.)		WHILE AT NOT	WHILE						
	23.		m. WORK AT W	ORK L						
	I certify that I I	held on Inquiry	Inspection X A	topsy	and that on	this basis,	death in my	pinion		
		Natural couses 2	Print, S.	la I Ha	micide		ned monner	7		
	resorred from:	Tullion couses (2	Accident		CHIEF MEDICAL					
	ACTUAL	/ , /	7/1//////						DATE SIGN	NED
	SIGNATURE/	ned	11/and M.D	ASSI:	STANT MEDICAL	EXAMINER	X			
	EXAMINER'S D	nold N Va	emb I com M D	ASSO	CIATE MEDICAL	EXAMINER		2/1	20/70	
-			rnblum, M.D.	CDEMATO	DV I	LOCATION	l (ov		22/72	
RE	A. BURIAL CREMATION, MOVAL (Specify)	24B. DATE	24C. NAME of CEMETERY	or CREMATO	240	LOCATION	(City, town,	or county)	(Stot	te)
	Burial	3-25-72	Arbutus Memo	rial	Park D.	altimo	Co	0 N	aryla	and
25	A. DATE REC'D BY HEALTH		NAME OF REGISTRAR		UNERAL DIREC			DRESS		
	MAD 9 4 1072	Rise E 3	Com NOD				HOME 2	025 -	, ,,,,,	DOTT 3
	MAR 24 1972	Car marine Car	100 mg ()	O INU	TER FU	MERAL	HOME 3	U35 M	. NOI	KTH A
	151-REV. 1/1/68			Great	-					

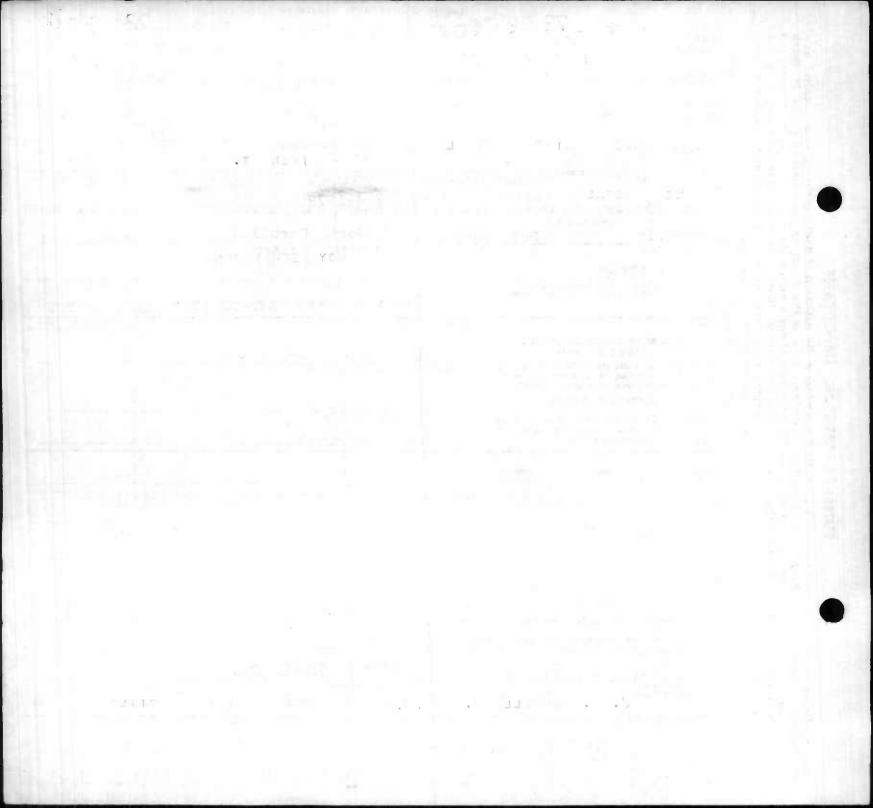
23 holy transmit to the court of the illianum grafija ilib kiloma režetim kanču šenti iligi iligi iligi

#### IMPORTANT FUNERAL DIRECTOR:

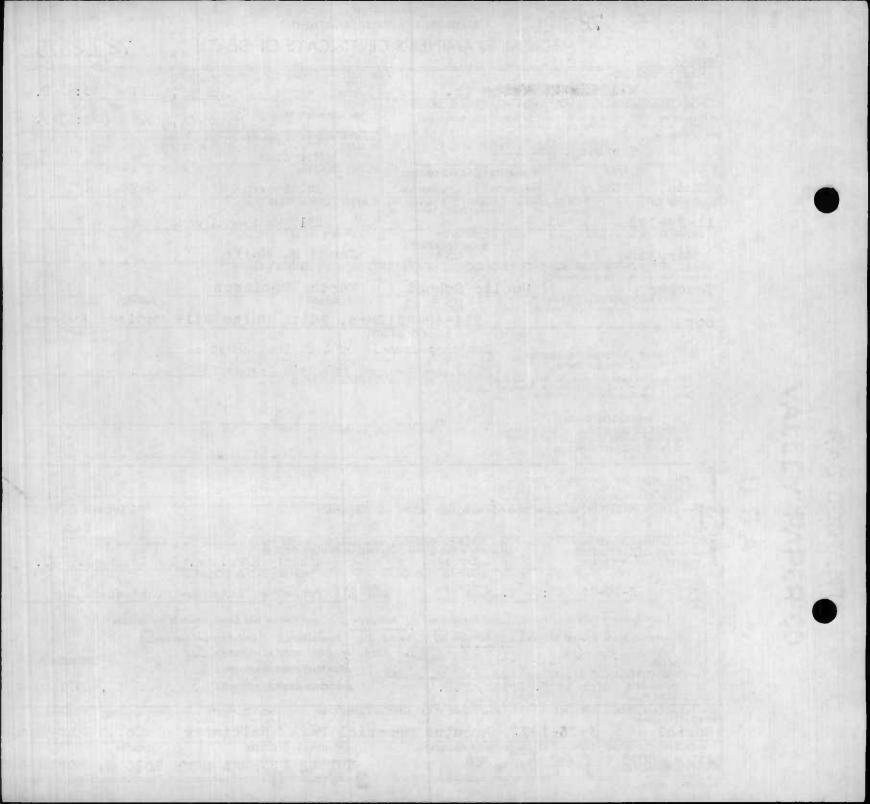
Such the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the a hospital and deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in

6 12	ing a	2 000	BALTIMORE CITY	HEALTH DEP	ARTMENT		170	0.000
BINTH NO.		\$ 029	74 CERTIFICA	TE OF			12	02974
Type or Print)	VIRGI	NIA BR	RITT			22-72	1	2:05 P M.
3. PLACE IN BALT	IMORE MARYLAND, W	HERE PRONO	UNCED DEAD	A. STATE	SIDENCE (WI	here deceased lived. If in	stitution: resi	dence before admission)
FULL NAME OF HOSPITAL OR INSTITUTION	(IF NOT IN HOSPIT ADDRESS OR LOCA	AL OR INSTIT	UTION, GIVE STREET	MARY C, CITY OR TO	OWN	D. INS	IDE CITY LIM	709 ITS?
Tue	OHNS HOPKI	NC U-C	DITAL		IMORE		YES Z	NO 🗌
33	UHNS HUPKI	N2 U02	PITAL	1729 AIKEN ST.				
5. SEX	6. RACE		NEVER MARRIED	8. DATE OF 8	IRTH	9. AGE (in years	Months D	Yr. If Under 24 Hrs.
FEMALE	NEGRO	WIDOWED		7-4-18		92		
	IPATION (Give kind of world world)	108 KIND OF	BUSINESS OR INDUSTRY	II. BIRTHPLA	CE (State or fo	reign country!	12, CITZE	N OF WHAT COUNTRY?
Domesti	North Carolina				USA			
SIDNEY				14. MOTHER'S MAIDEN NAME LUCY RICHARDSON				
		cos?	II & SOCIAL	17. INFORMAL	NT			ADDRESS
(Yes, no or unknown)	Yes, no or unknown) (If yes, give war ar dates of service)   SECURITY NO.							
DISEASES O	ANTECEDENT CAUSES OF CONDITIONS, If of obove couse (A) of CONDITION lost	any, giving		A CONSEQUE				
OTHER SIGNIF	II ICANT CONDITIONS CO H BUT NOT RELATED TO T ONDITION GIVEN IN PAI	HE TERMINAL	***************************************					
OTHER SIGNIF TO THE DEATH DISEASE OF CO 19A. DATE OF	OPERATION 198 CON WAS PER	DITION FOR	WHICH OPERATION		PSYR (Yes or	No. 208, IF YES, WERE IN CERTIFYING CA	FINDINGS C USES OF DE	ONSIDERED ATH?
OR CONTRIBU	IT WAS UNDERLYING TING CAUSE OF medical examined	21 8 hon etc.	PLACE OF INJURY (e.g., ine, form, factory, street, o	n ar about 21 C. ffice bldg., INJU	WHERE DID	(Il In Baltima	re City, give	exact lacation)
21D. TIME OF INJURY (APPROX.)	(Month) (Day) (Year)		INJURY OCCURRED  Not Whith At Work	• 🗖	HOW DID I	AIURY OCCUR?		
			he deceased from N		10	19 72 to Ma		32 19 72
that (1) (we)	last saw the decease	d alive on_	March 22	197	2and	that In(my) (aut) opt	nian death	accurred on the date
and hour and	from the causes sta	ted abave. (	1) (We) (did not)	lew the bady	after death	le T		
23A. SIGNATU	RE O TIMO	0 3-	Dh.	ending	Med.	Staff Phys.	3 /22	SIGNED
23C. PHYSICIA	N'S ypel J. H. VA	RNELL	JR. M.D.	23D. ADDRESS		_	SPTIAL	1
24A. BURIAL CRE	MATION, 248. DATE	24C. N	AME of CEMETERY OF CR	EMATORY	24D.	LOCATION (C	ily, town, or	county) (State)
Burial	3-27-	72 M+	. Auburn Cer	meter	Ba	altimore	Ma	rvland

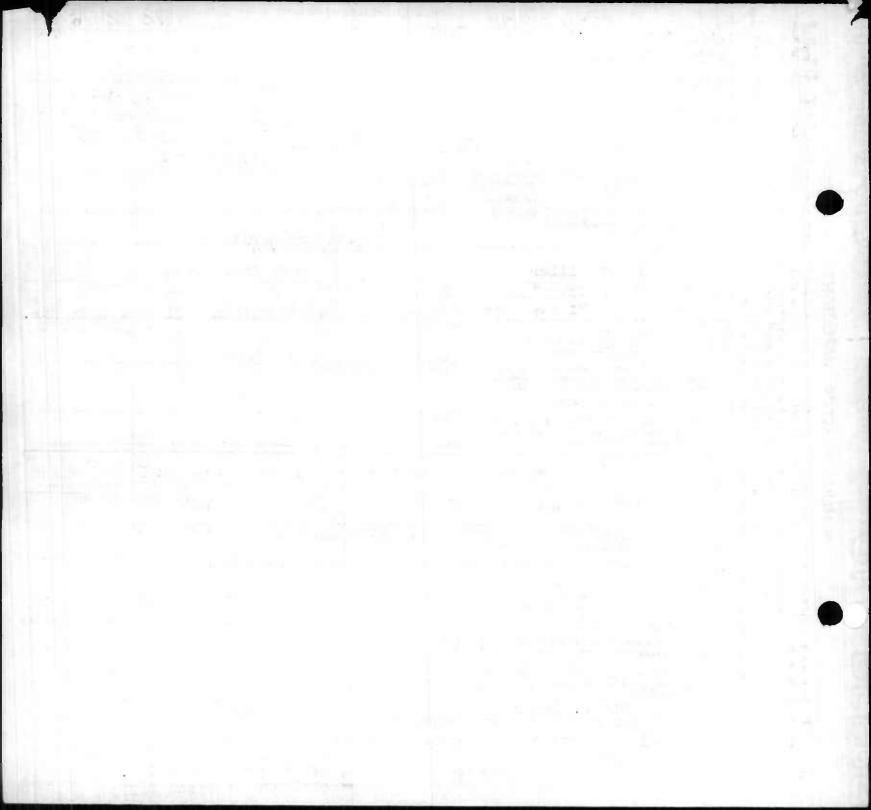
258 NAME OF REGIST MAR MAR 24 25C. FUNERAL DIRECTOR ADDRESS NUTTER FUNERAL HOME 3035 W. NORTH VS 150-REV. 1/1/68



11 - 30	00 7	2 02	975	BALTIMORE CITY			r DEAT		ma	0.000==
DIDZII NO		WED	ICAL	EXAMINER'S	CEKTII	ICATEO	F DEAT	H REG. NO.	12	023/5
BIRTH NO.	CEASED				II2. DATE	Known 🔼	Month	Doy	Yeor	Hour
(Type or Print)		am H	Ta7h i	to Cr	OF DEATH		_			3:45 P.M.
4. PLACE IN BA	William H. White Sr.					Esumoted C	Month	h 20, 19	Yeor	Hour
FULL NAME OF	(IF NO		L OR INST	ITUTION, GIVE STREET		OUNCED DEAD	Marc	h 20, 19	72	3:45 P. M.
ORINSTITUTION	Provid	dent Ho	spita	11	A, STATE	RESIDENCE (Wh Marylan		B. COUNTY	n: residence l	before admission)
6. SEX	7. RACE		8. MARR	IED NEVER MARRIED	C. CITY	OR TOWN		D. INSIDE CI	ITY LIMITS?	
Male	Neg:	ro	WIDOW	_		Baltomo	re	V	ES 🛣	NO 🗆
9. DATE OF BIRT		10. AGE (In lost birthdo) 83		If Under 1 Yr. If Under 24 Months, Doys, Hours		AND NUMBER	1' A	THE STATE OF THE S		10 2
11-29-1				12. CITIZEN OF	12 EATH	2319 Ma	dison A	venue		
		gii cooiiiiy j		WHAT COUNTRY?			71			
Maryl		a blad at	48 KIND	OF BUSINESS OR INDU		mes H. V				
done during most of	working life, ev	en If retired)								
Teacher				lic School		rtha Rol	oinson			
16. WAS DECEAS				SECURITY NO.	18. INFO				DDRESS	
No				214-40-85		Edith V	White !	2319 Ma		
19.	12	/		CAUSE OF I						PPROXIMATE INTERVAL
DISEAS	SE OR COND	ITION DIREC	TIV	Bronchopneur	monia of	left lun	g compl	icating		
	LEADING TO			(ANIMMEDIA	TE CAUSE TO	ultiple t	raumati	c injuri	99	
heart failure	not mean the e, asthenia, éta mplication whi	. It means the	diseose,	DUE TO,	OR AS A CONS	EQUENCE OF:	2 4 4 4 4 4	<u>,</u>	20	
	NTECEDENT			(B)						
RISE TO TH	OR CONDITI	USE (A) STAT	ING THE	DUE 10,	OR AS A CON	SEQUENCE OF:				
UNDERLY	NG CONDIT			(c)						
2		11								•
O THE DE	NIFICANT CO ATH BUT NO R CONDITION	RELATED TO	THE TERM							
20A. DATE O	F OPERATIO	N 208. CON	MOITION	FOR WHICH OPERATION	WAS PERFO	RMED			21. AUTO	PSY? (Yes or No)
02										Yes
UNDERLYING		ITRIB-		228. PLACE OF INJURY (of home, form, foctory, street, Street	e.g., in or obou office bldg., eic.	22C. WHERE DI	O (II in Boltimo	ore City, give exc	oct location)	1505
UTING ☐ CA		Doy) (Yeor	) (Hour	1 22E INITION OCCUER	ED	22F. HOW DID			ilsters	stown Rd.
OF INJURY (APPROX.)	3-10-		50 P.	m. WHILE AT WORK	NOT WHILE			uto-truc	k coll	lision
	tify that h	eld on Ir	ngulry [	Inspection	Autopsy D	and that on	this basis	deoth In my	oplnion	
	/\c	.40	-							
resul	resulted from: Natural couses Accident W Suicide Homicide Undetermined monner									
ACTUAL	ACTUAL Deputy CHIEF MEDICAL EXAMINER X DATE SIGNED									
SIGNAT	URE UV	YVV			M.D. AS	SISTANT MEDICA	L EXAMINER			
NAME (	Type)		. Spi	tzs M.D.		SOCIATE MEDICA			ch 21,	
24A. BURIAL CRE REMOVAL (Spec		248. DATE		24C. NAME of CEMETI	ERY or CREMA		D. LOCATION		, or county)	(Stote)
Burial		3 - 25 - 1	972	Arbutus Me	emorial	Park 1	Baltim	ore	Co.,	Marylan
25A. DATE REC'D			25B. N	AME OF REGISTRAR	250	. FUNERAL DIREC	CTOR	A	DDRESS	
MAR 24 1	972 16	Bus E.	tabe.	4. 28.2.	NI	TTER FUI	NERAL	HOME 30	035 W	. NORTH A
VS 151-REV. 1/1/6	8	N	90	1/ 7	6-9	ं । प				



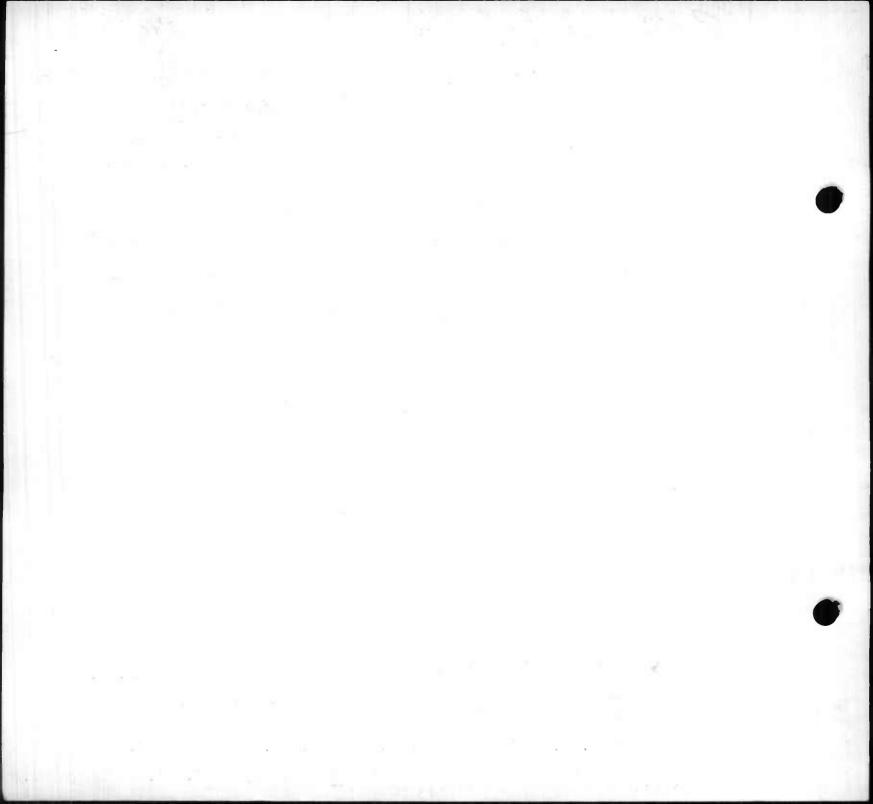
72 02976 BALTIMORE CITY HEALTH DEPARTMENT 72 02976 REG. NO. CERTIFICATE OF DEATH of death Deceased Such and I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) VID 3 2 3 50 M. 4. USUAL RESIDENCE (Where deceased lived, If institution residence before admission) death. 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD attendance contributing cause (4) Undetermined cause; (5) MARYLAND FULL NAME OF HOSMTAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) C, CITY OR TOWN D. INSIDE CITY LIMITS? 40 MORE YES 🔀 NO prior E. STREET AND NUMBER made. regular 9. AGE Iln years 6. RACE 5. SEX ti Under 1 Yr. 8. DATE OF BIRTH If Under 24 Hrs. MARRIED NEVER MARRIED Hours deceased lost birthdoy WIDOWED DIVORCED S 10A, USUAL OCCUPATION (Give Lind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? disposition done during most of working life, even if refired) 2 10 HOUSE Baltimore Maryland WOS the 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME direct Albert Miller Mary Anna Braun death 0 kind; 15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service) 6. SOCIAL 17. INFORMANT ADDRESS final SECURITY NO. attendance 60 4026 no Audrey Wilson 1021 Bonaparte any CAUSE OF DEATH pronounced 16. 0 SETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY 7 embalmed fracture of PNEUMONIA LEADING TO DEATH (A) IMMEDIATE CAUSE (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO, OR AS A CONSEQUENCE OF examiner regular ANTECEDENT CAUSES who (B) DUE TO, OR AS A CONSEQUENCE OF: Gre 4 DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) staling the 3 = UNDERLYING CONDITION last. physician the remains a medical Was 11 CERTIFICATION ONGESTIVE HEART OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL No physician DISEASE OR CONDITION GIVEN IN PART 1 (A) Body 20A AUTOPST? (Yes of No.) 20B. IP YES, WERE FINDINGS CONSIDERED IN CERTIFTING CAUSES OF DEATH? 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED the before 218 PLACE OF INJURY (e.g., in or obout 21C, WHERE DID home, form, foctory, street, office bidg, INJURY OCCUR? 3 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (If In Boltimore City, give exect location) where MEDICAL ta the hospital DEATH (notify medical examined any nature; 67 obtained 21 D. TIME OF INJURY 21F. HOW DID INJURY OCCUR? (Month) (Doy) (Year) (Houd 21 & INJURY OCCURRED 9 approved Not While (except While At (APPROXI and Work At Work 22. I certify that (1) (this hospital) attended the deceased from and that in(my) (our) opinion death accurred on the date (we) lost saw the deceased alive death) 0 hospital and hour and from the causes stated above. (1) (We) (did) (did nat) view the body after death. he body was released must accident 238 DATE SIGNED 23A. SIGNATURE Attending \_\_\_ 10 Director approval DEGREE 0 23C. PHYSICIAN'S NAME Type 23D. ADDRESS prior ţ An Anne L. Leddy D.O.A. 24A. SURIAL CREMATION, 24B. DATE REMOVAL (Specify)
Buriol 3/27 City. shows: (1) 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION town, or county) (Stote) pespese written 3/27/72 Baltimore National Baltimore Maryland SD MAR 24 1972 258 NAME OF REGISTRAR 25C, FUNERAL DIRECTOR Henry -Sander & Sons Inc. O Maryland VS 150-REV. 1/1/68



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1	2-140	-	<b>29</b> 0	JO 1944		BALTIMORE CITY				REG	NO	72	029	ריך
811	RTH NO.	•	Z U	297	7	CERTIFICA	TEC	PF DEATH	H	KLO.	140			
	NAME OF DECEA		a merica . 1		-	***				HOUR OF			,	Aa
	2	HARL						AL RESIDENCE	3/2	4/72			1 43	AM
3.	PLACE IN BALTIA	MORE, MARYL	AND, W	HERE PROP	HOUNCE	D DEAD	A. STAT	AL RESIDENCE I	Where OUNIY	deceosed li	ved. If in	stitution	residence b	efore odmission)
H	FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)						M.			72223			27	55
							B	ALTIMO.	RK	21218	D. 11431	VEC X	T N	оП
	E. STREET AND NUMBER							• -						
L	-5						19	04 R1	AM	BLEC	200	D	Rd.	
5.	SEX 6.	RACE		7. MARRIE	DIN	EVER MARRIED	8. DATE	OF SIRTH	9.	AGE (In yo	lors	II Und	er 1 Yr. , 1	Under 24 Hrs.
	F	W		WIDOWE	D N	DIVORCED	MI	-19-95	- 101	st birthdoyl	ファ	Months	Days H	ours Min.
104	LUSUAL OCCUP	ATION (Give kin	d of work	10B, KIND	OF BUSI	NESS OR INDUSTRY	11. BIRT	HPLACE (State or	fareign	country)	-	12. CI1	IZEN OF W	HAT COUNTRY?
dor	HOUSE C		f retired)										USA	
13.	FATHER'S NAME		Re	staur	enti	uer-Retir	ed.	HER'S MAIDEN	MANAF				13M	*
	OTTO		RT								14	115	61	
15.	Was Deceased Ev	er in U. S. A	med Ford	es?	16.5	OCIAL	17. INFO	RMANT					ADDRESS	
"	NO	yes, give we	r or coles	di service		2322169	1	YARLOT RMANT HARLIE	5	GRO	VER	21		
	18. / [ ]/	7.1			(2)	CAUSE OF DEATH							APPROXIA	AATE INTERVAL
	DISEASE	OR CONDIT	ION DIR	ECTLY									BETWEEN O	NSET AND DEATH
	LE	ADING TO	DEATH			(A) IMMEDIATE CAU	SE D	MITIPA	LE	MYE	-201	np	3	mo
	1This does not heart failure, os injury or compli	lhenia, elc. I	means	the diseas	g., :e,	DUE TO, OR AS	A CONSE	QUENCE OF:			**********		***********	
		TECEDENT C				100	NIN	ona A	-6	REAT	um		7	mo
	DISEASES OR	CONDITION	IS, il o	ny, givir	10	(8) DUE TO, OR AS	A CONS	QUENCE OF:			*****			mo
	rise to the UNDERLYING	above caus	e (A)	stoling II	ne	(c)					********			
		- 11												
ATION	OTHER SIGNIFICATION THE DEATH I	BUT NOT RELATEDITION GIVE	ED TO TH	E TERMINA	L	*****************								P IP Gallatina derasals attempapayayay
FIG	19A. DATE OF O	PERATION 1	AS PERF	NION FOI	WHICH	OPERATION	20 A.	AUTOPSY? (Yes o	r No)	OB. IF YES,	WERE F	INDINO	CONSIDE	RED
CERTIFIC	2							YES		IN CERTIFY	NG CAL	JSES OF	DEATH?	
MEDICAL C	21A. ACCIDENT OR CONTRIBUTIS DEATH (notify mo	WAS UNDER	LYING [	[h	18. PLAC ome, for ic.)	E OF INJURY (e.g., in m, factory, streat, off	n ar about lice bldg.,	21C. WHERE DIE	D R7	(If In	Baltimare	Cily, gi	re exoct loca	tlan)
EDI	21 D. TIME (A	Aonth) (Doy)	(Yeor)	(Hous) 2	IE INJU	RY OCCURRED		21F. HOW DID	INJUR	Y OCCUR?				
1	(APPROX.)				Vhile At Vark	Not While								
	22. I certify the	/1\ /ab:- b	!+-!\					121		72		3/2	201	75
						3/94	,	77-		72 10_	۷			19
	that (I) (we) la						19	ond	i thot	In(my) (o	ur) apin	ion dea	th occurre	d on the date
	and haur ond fr 23A. SIGNATURE	am the caus	es state	ed obove.	(I) (We	) (did) (did not) vi	ew the	body ofter deo	th.					
	23A. SIGNATURE	)1		-0		m	.dt	AA - A					TE SIGNED	
	23C. PHYSICIAN'S	· Te	en	Has	2	DEGREE Phys.		Med. Director	Phy	rs.		Ma	r.25.	1972
	NAME (Type	EDW	ARD	F	EIN		John		ns :	H <b>d</b> spi	te.1			
24A	REMOVAL (Spec	TION, 24B. D	ATE	24C.	NAME O	CEMETERY of CRE	MATORY	240	LOC.	ATION	(City	y, town,	or county)	(Stote)
B	urial		27.	1972	More	eland Memo	oria	l Pk.der	m.	Balti	more	Nd.		
25A	A DATE REC'D BY			SR NAME			1250	IINEDAL DIRECT	70.0	7.1			40000	

SONS.INC.Beltimore P. C. ar 3 HENRY SANDER 3 2 Md. VS 150-REV. 1/1/68



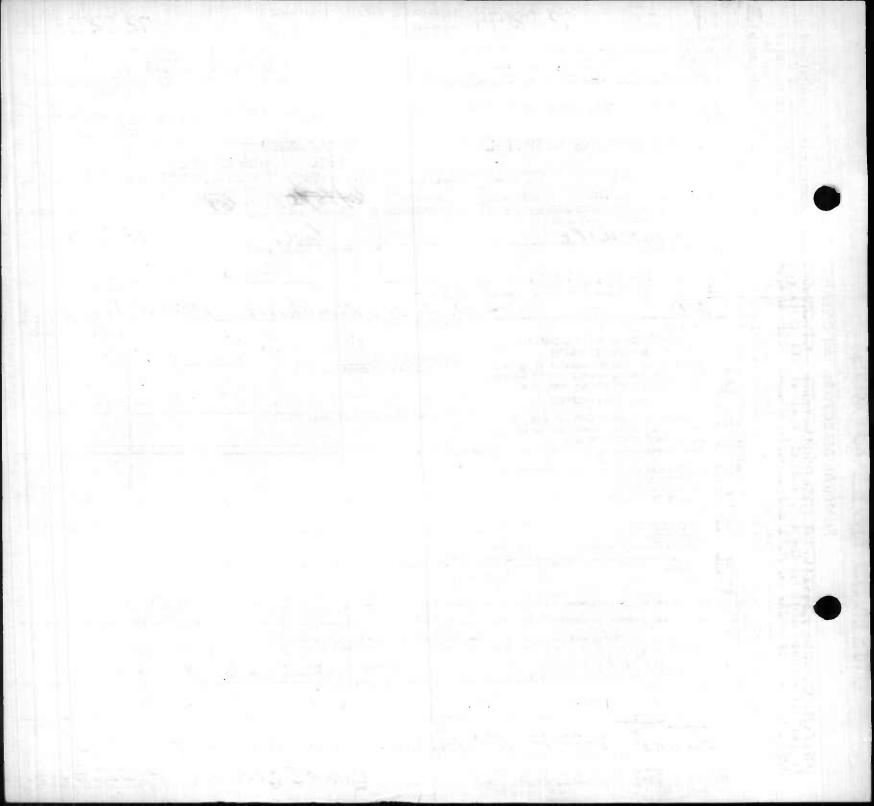
chief medical examiner

approved

a hospital and

occurred

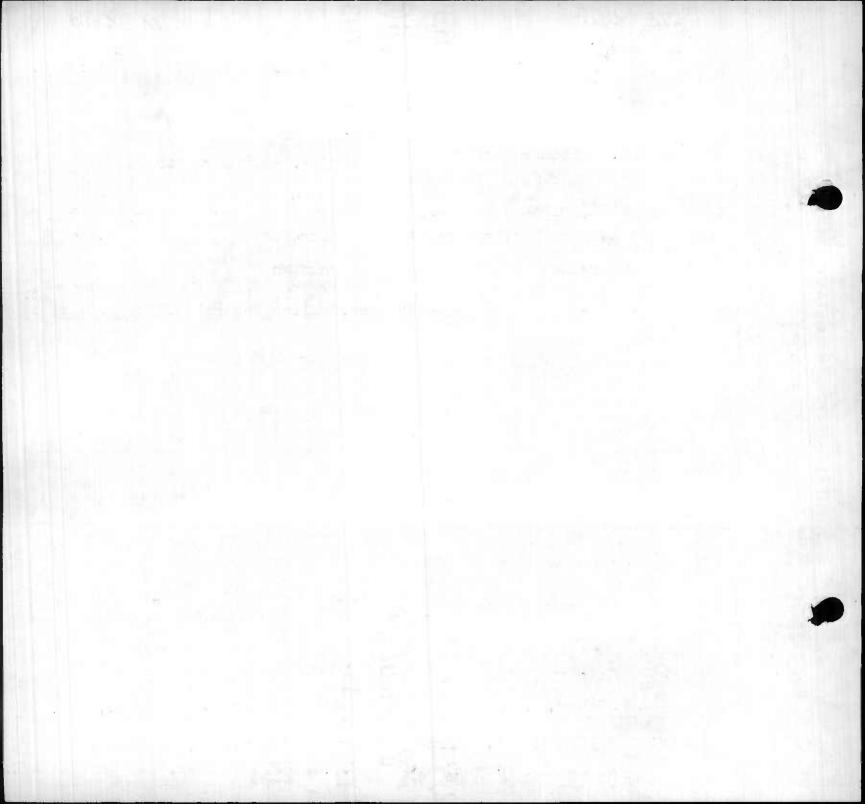
BALTIMORE CITY HEALTH DEPARTMENT 72 02978 72 02978 REG. NO. CERTIFICATE OF DEATH (4) Undetermined cause; (5) Deceased Such cause of death 1. NAME OF DECEASED SPETCHTS 2. DATE AND HOUR OF DEATH (Type or Print) 0 MOUZON. EFFIE 03/24/72 225PM death. M. 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived, It institution: residence before admission)
A. STATE
B. COUNTY attendance FULL NAME OF HOSPITAL OR INSTITUTION MARYLAND (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) C. CITY OR TOWN D. INSIDE CITY LIMITS? 0 NO E. STREET AND NUMBER prior JOHNS HOPKINS HOSPITAL or contributing 1636 ASHLAND AVE regular is made 5. SEX 6. RACE 8. DATE OF BIRTH 9. AGE Un years 7. MARRIED NEVER MARRIED If Under 1 Yr. If Under 24 Hrs. deceased lost birthday Months! Doys Hours NEGRO FEMALE WIDOWEDX DIVORCED IOA USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State of foreign country 12. CITIZEN OF WHAT COUNTRY? isposition = done during most of working life, even if retired) Was the 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ALLEN, LAVENIA SPEIGHTS SIDNEY
15. Was Deceased Ever in U. S. Armed Forces?
(Yos, no or unknown) (If yes, give war or dates of service) eath LO kind: 6. SOCIAL 17. INFORMANT ADDRESS final SECURITY NO. attendance 22 T 5193 any 18. CAUSE OF DEATH pronounced 10 APPROXIMATE INTERVAL BETWEEN ONSET AND GEATH DISEASE OR CONDITION DIRECTLY embaimed fracture of LEADING TO DEATH (This does not mean the mode of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF: heart failure, asthenia, etc. It means the disease, OF injury or complication which caused death.) regul ANTECEDENT CAUSES who GLB 4 DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS A CONSEQUENCE OF <u>e</u> the above cause (A) stating the 2 physician UNDERLYING CONDITION last the remains (C). WOS medical burns; П CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING physician TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). Body 19A-DATE OF OPERATION 19B CONDITION FOR WHICH OPERATION WAS PERFORMED the 20A. AUTOPSY? (Yes or No) 208 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? to the hospital by a before 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF any nature; (2) where 218. PLACE OF INJURY (e.g., in or obout 21C, WHERE DID (If In Boltimore City, give exact location) home, farm, factory, street, office bldg., INJURY OCCUR? °Z MEDICAL DEATH (notify medical examined obtained 21D. TIME (Month! (Doy) (Year) (Hour) 21F. HOW DID INJURY OCCUR? 9 21E INJURY OCCURRED (except Not While While At (APPROX) and Work At Work 22. I certify that (4) (this hospital) attended the deceased from eath); 99 that (1) (see) last saw the deceased alive an and that in (my) (eer) apinion death occurred on the date 10 hospital the body was released and haur and from the causes stated above. (1) (40) (did) (did nat) view the bady after death. shows: (1) An accident must 23ALSIGNATURE 23 B, DATE SIGNED O Attending Med. Staff 0 approval Phys. Director 0 23C. PHYSICIAN'S NAME (Typel NORMAN prior 23D. ADDRESS 40 DAIKOKU HOSPITAL M.D JOHNS HOPKINS was D.O.A. DEGREE 24A. BURIAL CREMATION bespased 248 DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (State) (City, town, or county) REMOVAL (Specify) written 2 Cem. W 25A. DATE REC'D BY HEALTH DEPT. 258, NAME OF REGISTRAR ADDRESS



70	02979		BALTIMORE CITY	HEALTH DEPARTMENT		ma 0	2070
	, 04010		CERTIFICA	TE OF DEATH	REG. NO	72 0	2313
INAME OF DE	CEASED				AND HOUR OF DEAT	н	
(Type or Print)		HOREI	WO.		ch 24, 197		11:00 P.
3. PLACE IN BA	LTIMORE MARYLAND, WI			4. USUAL RESIDENCE (W. A. STATE B. CO	here deceased lived If		
FILL NAME OF	F ALOT IN HOSPITA		TITLITION ONE CERTIFIE	Maryland	ONII		602
FULL NAME OF HOSPITAL OR INSTITUTION	ADDRESS OR LOCA	TION)	TITUTION, GIVE STREET	C. CITY OR TOWN	D. IN	SIDE CITY LIN	AITS?
IN SINTO HON				Baltimore		YES X	NO
222	23 E. Baltimo	700	Street	E. STREET AND NUMBER			
<i></i>	.) H. Darvim	JEC L	01660	2223 E. Ba	altimore S	treet	
SEX	6. RACE	7. MARRIE	D X NEVER MARRIED	B. DATE OF BIRTH	9. AGE (tn years lost birthday)	If Under Months: D	Yr. If Under 24 Doys Hours Mi
Male	White	WIDOW		10/20/10	61		
	CUPATION (Give kind of work of working tife, even if refired)	10B, KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or f	oreign country)	12. CITIZE	N OF WHAT COU
		Bottl	le Caps/Seals	Ukraine	9	The	raine
3. FATHER'S NA			00,000	14. MOTHER'S MAIDEN		014.	1 60 1110
Karpo	Pohorelow			Unknown			
S. Wos Deceose	ed Ever in U. S. Armed Forc	es?	1 6. SOCIAL	17. INFORMANT			ADDRESS
Yes, no or unknow	(n) (If yes, give wor or dotes	of service		W 72 3 :	Dalas	0000	S.
No			2 13-34-4268	Mrs.Pauline	ronorelow	,2223	E. Baltimo
4 5	6.0		CAUSE OF BEAT	•		BE	TWEEN ONSET AND D
DISEA	ASE OR CONDITION DIR LEADING TO DEATH	ECILI		se Cerebro-vaso			6 weeks
rise to I	OR CONDITIONS, if on the obove couse (A) NG CONDITION lost.		4	pertension A CONSEQUENCE OF:			***************
TO THE DEA	II  IFICANT CONDITIONS CON  ATH BUT NOT RELATED TO TH  CONDITION GIVEN IN PART	E TERMINA	G AL				
	OF OPERATION 198, CONE	DITION FO	R WHICH OPERATION	20 A. AUTOPSY? (Yes or	No) 20B, IF YES, WERI IN CERTIFYING C	AUSES OF DI	CONSIDERED EATH?
OR CONTRIE	ENT WAS UNDERLYING DESTRICT CAUSE OF fy medical examiner	1	21B. PLACE OF INJURY (e.g., i nome, form, foctory, street, of atc.)	n or obout 21 C. WHERE DID fice bidg., INJURY OCCUR	(If in Boltim	ore City, give	exoct locotion)
21 D. TIME OF INJURY	(Month) (Doy) (Yeor)	(Hour) 2	TE. INJURY OCCURRED	21F. HOW DID	INJURY OCCUR?		
(APPROX.)			While At Not While Work At Work	e			
22 1	y that (1) (this hospital)	1.		2-5-72	19 to	3-4	19 7
	e) lost saw the decease		2/1	772	that in (my) (our) of	المسامس المسام	
						oinion deoth	occurred on the
ond hour or		ed obove	, (I) (We) (did) (dld not) v	iew the body ofter deat	h•	23B, DATE	SIGNER
23A. SIGNAL	A A		) Atte	nding Med.	Staff	23B, DAIE	7/70
Chi C	) Lower	1 M.	DEGREE Phys	s. Director	Phys.	10	4///
23 C. PHYSICI	(Type)			23D. ADDRESS			
	A. N. Rahman,		DEGREE		Broadway	Balto	
24A. BURIAL CR REMOVAL	(Specify) 24B, DATE	24C.	NAME of CEMETERY OF CRE	MATORY 24D	. LOCATION	City, town, or	county) (Sto
Burial	3/28/7	2 St	. Andrew	Ba	altimore,	Ma	ryland
2SA. DATE REC'I		25B. NAM	E OF REGISTRAR	2SC. FUNERAL DIRECT	OR		ADDRESS
	MAD a 4000	Dag	2220	ON SADOW	SKI & SONS	1000	EASTERN .

M.F

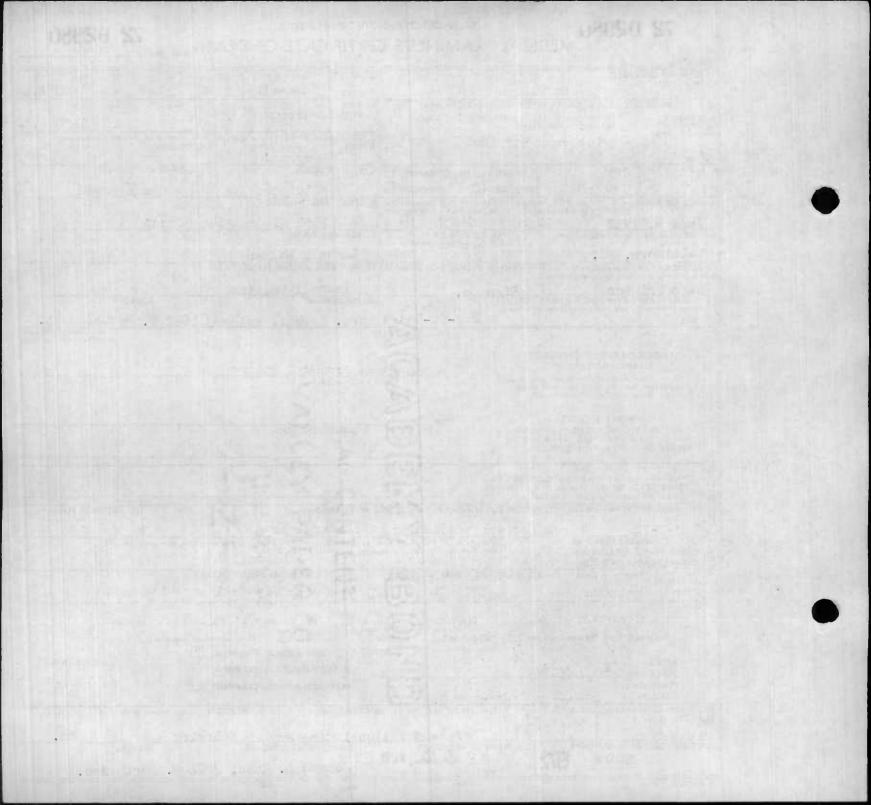
.SADOWSKI



BALTIMORE	CITY H	EALTH D	EDADTALE	1

72	02980	BALTIMORE CITY HEALTH DEPARTMENT						
1 20	04000		EXAMINER'S	CERTIFICATE	OF DEATH			

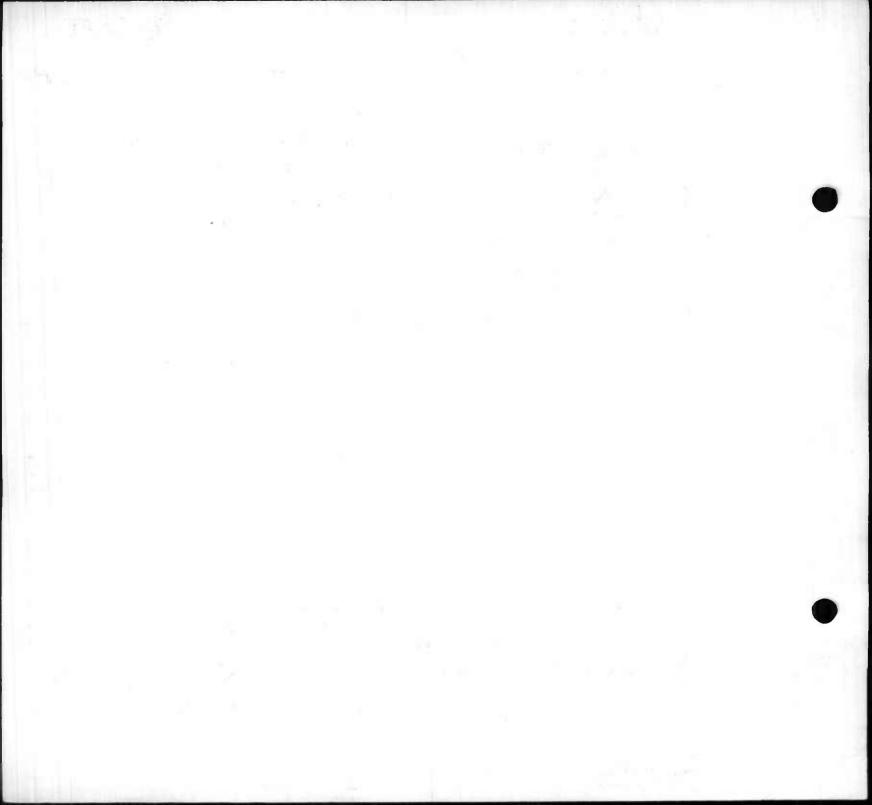
72 02980 BALTIMORE CITY HEA	// 1/981
MEDICAL EXAMINER'S C	ERTIFICATE OF DEATH REG. NO. 72 02980
NAME OF DECEASED	2. DATE Known K Month Doy Year Hour
ype or Print)  Marvin Walden	05
	3. DATE Month Doy Yeor Hour
ULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET OSPITAL ADDRESS OR LOCATION) R INSTITUTION	PRONOUNCED DEAD 3 25 72 4:00 A.M.
Lutheran Hospital	5. USUAL RESIDENCE (Where deceosed lived. If institution: residence before admission) A. STATE B. COUNTY
46	Maryland 5. Cookii 5
SEX 7. RACE B. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE CITY LIMITS?
MARKIED   INEVER MARKIED	
Male Negro WIDOWED L DIVORCED L	Baltimore YESK NO
	E. STREET AND NUMBER
lost birthday) Months Days Hours Min.	1650 1 0
June 6, 1952 19	1652 N. Bentalou Street
BIRTHPLACE (State or foreign country) 12. CITIZEN OF	13. FATHER'S NAME
Baltimore, Md. WHAT COUNTRY?	Russell Walden
A.USUAL OCCUPATION (Give kind of work) 148. KIND OF BUSINESS OR INDUSTRY	
one during most of working life, even lifretired)	13. MOTHER'S MAIDEN NAME
C: D. / I	Isabell Bolling
Sign Printer   Sign Co.  WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL	18. INFORMANT ADDRESS
es, no or unknown) (If yes, give wor or dotes of service) SECURITY NO.	TO. HAT ORMAIN
No 212-58-5632	Mrs. Isabell Walden, 1652 N. Bentalou St.
119. CAUSE OF DEAT	
A S I X	BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY	
LEADING TO DEATH	use Carabral injury
(This does not mean the mode of dying, e.g., DUE IO. OR A	AUSE Cerebral injury S A CONSEQUENCE OF:
neuri tollore, asmenio, erc. Il meons me disease,	S A CONSEQUENCE OF:
injury or complication which coused death.)	
ANTECEDENT CAUSES (B)	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE	S A CONSEQUENCE OF:
UNDERLYING CONDITION LAST	
(c)	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
TO THE DEATH BUT NOT RELATED TO THE TERMINAL	
DISEASE OR CONDITION GIVEN IN PART 1 (A).	
20A. DATE OF OPERATION 208. CONDITION FOR WHICH OPERATION WA	S PERFORMED 21. AUTOPSY? (Yes or No)
3-2-72 craniotomy; evacuation of	of subdural hematoma yes
228. PLACE OF INJURY (e.g., I home, form, factory, street, office	n or about 22C. WHERE DID (If in Baltimore City, give exact location)
UTING CAUSE OF DEATH. unknown	unknown
22D. TIME (Month) (Day) (Year) (Hour) 22E.INJURY OCCURRED	22F. HOW DID INJURY OCCUR?
OF INJURY	121. HOW DID HAJORT OCCOR?
(APPROX.) unknown WHILE AT NOT WORK AT WO	while   possibly fell striking head
23.	
I certify that I held an Inquiry Inspection Aut	and that an this health death in your last a
resulted from: Natural causes Accident Sulcide	e Hamicide Undetermined manner 🗵
//// / // Der	outy CHIEF MEDICAL EXAMINER
ACTUAL /// / / / / / / / / / / / / / / / / /	DATE SIGNED
SIGNATURE M.D.	ASSISTANT MEDICAL EXAMINER
EXAMINER'S	ASSOCIATE MEDICAL EXAMINER   3-29-72
ALAME (T. )	ASSOCIATE MEDICAE EXAMINAER
	CREMATORY CONTRACTOR CONTRACTOR
FATOVAL (Specific)	or CREMATORY 24D. LOCATION (City, lown, or county) (State)
14. 11. 4.1	
I Marviand Nat.	ional Cemetery Muirkirk Md.
SA. DATE REC'D BY HEALTH DEPT 25B NAME OF REGISTRAR	25C, FUNERAL DIRECTOR ADDRESS
APR4 1972 But E. Jaiber M.D.	Joseph J. Press 0000
0700	Joseph L. Russ, 2222 W. North Ave.
5 151-REV, 1/1/68	60 · · · · · · · · · · · · · · · · · · ·



BALTIMORE CITY HEALTH DEPARTMENT

REG. NO. /C	REG.	NO.	72	02981
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72 02981 BALTIMORE CITY HEALTH DEPARTMENT REG. NO. 72 02981						
	IRTH NO.	CERTIFICA	TE OF DEATH	REG. NO	12 (230)	
(1	NAME OF DECEASED  YPE OF PRINT)  SThel W	onell	3/2	10 HOUR OF DEATH	14/5 DM	
3.	PLACE IN BALTIMORE, MARYLAND, WHERE PR	4. USUAL RESIDENCE Whe	ne decleased lived. If	institution: residence before ormission)		
FI	ULL NAME DF (IF NOT IN HOSPIYAL OR II IOSPITAL DR ADDRESS OR LDCATIONI	Maryland C. CITY OR TOWN	601	SIDE CITY LIMITS?		
318	0 +. 11 + 18	Baltimera YES NO				
	University Hospital	E. STREET AND NUMBER  21 Colvian St.				
5.	SEX 6. RACE 7. MAR	8. DATS OF BIRTH 9. AGE (in years If Under 1 Yr. If Under 24 H				
	V WIDO		1/26/31	41	Monins Days Hours Min.	
do	A. USUAL OCCUPATION (Give kind of work 108, KIN ne during most of working life, even if retired)	D OF BUSINESS OR INDUSTRY	11. BIRYHPLACE (State or fore	ign country!	12. CITIZEN OF WHAT COUNTRY?	
15	short hand bustucken /	whool	Baits	Ma		
13	FAYHER'S NAME		14. MOTHER'S MAIDEN NA	ME		
	Wilson Connest	-	claw	mana	en	
15. (Ye	. Was Deceased Ever in U. S. Armed Farces? es,no or unknown! (If yes, give war or dates of serv	ice) 1 6. SOCIAL SECURITY NO.	17. INFORMANT	-	ADDRESS	
	Na	217-24-4137	L HELENA !	4111 32	VORMOUNT	
	18. / 7 4X	CAUSE OF DEATH			APPROXIMATE INTERVAL	
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		C		BETWEEN ONSET AND GEATH	
	(This does not mean the mode of dving	e.g., (A) IMMEDIATE CAU	SE C. C. C. N. C. A. C. CONSEQUENCE DF:	1 the & reac	3 years	
	heart failure, asthenio, etc. It means the dise injury or complication which caused death.)	ase,	CONSEQUENCE DF;	4		
	ANTECEDENT CAUSES	40)				
	DISEASES OR CONDITIONS, if any, giving  DUE ID, OR AS A CONSEQUENCE OF:  DUE ID, OR AS A CONSEQUENCE OF:					
	rise to the above cause (A) stating UNDERLYING CONDITION last.					
_	11	(C)				
02	OTHER SIGNIFICANT CONDITIONS CONTRIBUTE TO THE DEATH BUT NOT RELATED TO THE TERMIN	NG				
CA	DISEASE DR CONDITION GIVEN IN PART 1 (A).  19A-DAYE OF OPERATION 19R CONDITION F	***************	1204 Alivoneya/V N-	V 005 to	***************************************	
ERTIFICATION	WAS PERFORMED		NO O	IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?	
ICAL C	21A- ACCIDENT WAS UNDERLYING OR CONYRIBUTING CAUSE OF DEATH (notify medical examine)	21B. PLACE OF INJURY (e.g., in home, form, foctory, street, office)	or about 21C, WHERE DID ce bldg., INJURY OCCUR?	(If In Boltimor	re City, give exoct location)	
MEDI	OF INJURY (Month! (Day) (Year! (Hour)	21 & INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?		
-	(APPROX.)	While At Not While At Work		1.		
	22. I certify that (h)(this hospital) attended			" autonomican " " passocialization	meh 23 1972	
	that (1) (we) lost sow the deceased office		3 19 72 and the	at In ( our) opl	nion death occurred on the date	
	and hour and from the causes stated above	e. (We) (did) (did not) vi	ew the bady after death.			
	23A. SIGNATURE	ila O Attan	dia - Mad -	c. " ~	23R DATE SIGNED	
	23C. PHYSICIAN'S	M O DEGREE Phys.		Shaff Phys. X	3/23/72	
	23C.PHYSICIAN'S NAME (Typel	23	D. ADDRESS	Idas nito	Q Q of that	
24/	BURIAL CREMATION, 248. DATE 240	OEGREE C. NAME of CEMETERY OF CREA	MAYORY 124D-10	CATION (C)	ly, lown, or county) (Stotel	
REMOVAL (Specify) 3/28/72 (In Juntur men Park But md						
25A	A. DATE REC'D BY HEALTH DEPT. 258, NAM	AE OF REGISYRAR	25C. FUNERAL DIRECTOR		ADDRESS	
	MAR 24 1972 Palent	E. Faber M.D.	AC Russ	2222	wy orit are	
VS	150-REV-1/1/6B					



#### rect or contributing cause of death (4) Undetermined cause; (5) Deceased contributing in regular MOS Ö IMPORTANT death fracture of any pronounced FUNERAL DIRECTOR: (3) A fractu who physician a medical shows: (1) An accident of any nature; (2) Body burns; the body was released to the hospital approved by

and

hospital

6

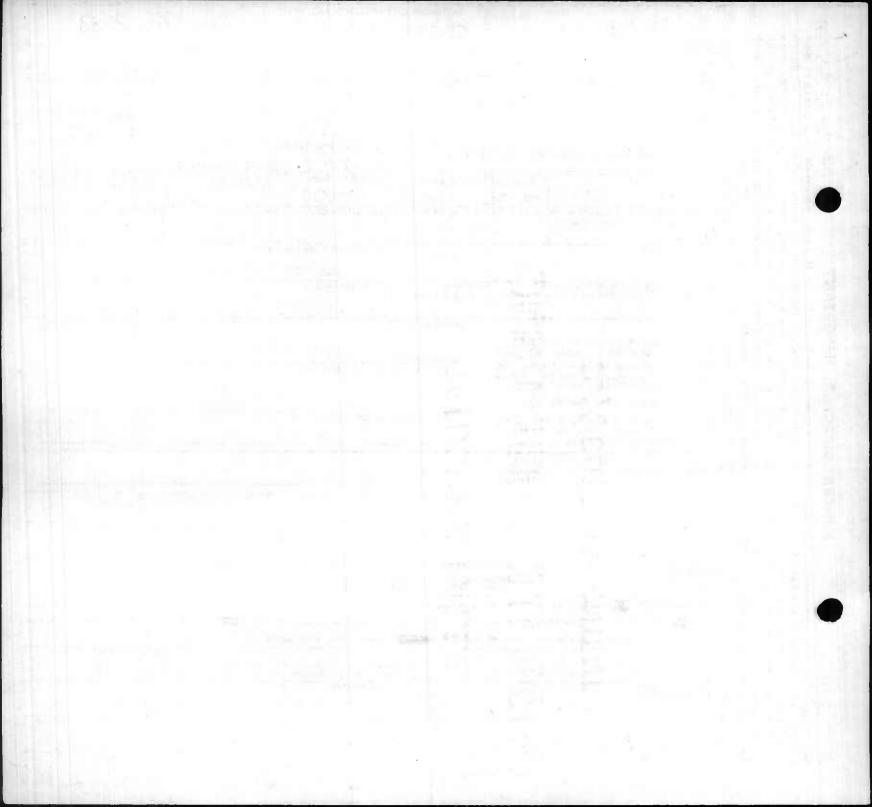
72 02982 REG. NO. 72 12982 CERTIFICATE OF DEATH BIRTH NO. I, NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) CARRIE HEATH 3 death. 4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission)
A STATE B. COUNTY 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD attendance (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) MARYLAND HOSPITAL OR C, CITY OR TOWN D. INSIDE CITY LIMITS 0 JOHNS HOPKINS HOSPITAL BATLIMORE YES X NO prior E. STREET AND NUMBER N. BROADWAY WASHINGTON disposition is made. 9. AGE (In years If Under 1 Yt. Months Doys 5. SEX 6. RACE B. DATE OF BIRTH If Under 24 Hrs. Hours Min. deceased 7- MARRIED NEVER MARRIED Hours last birthdoyl NEGRO 11/01/3 WIDOWED DIVORCED 10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (Stale or foreign country) 12 CITIZEN OF WHAT COUNTRY? done during most of working life, even if refired) laved-Hou the 13. FATHER'S NAME 4. MOTHER'S MAIDEN NAME RUTH JONES SAM HAYES LO 15. Wes Decessed Ever in U. S. Armed Forces? (Yos, no or unknown) (If yos, give war or dates of service) 6. SOCIAL ADDRESS final SECURITY NO. attendance CAUSE OF DEATH APPROXIMATE INTERVAL D DISEASE OF CONDITION DIRECTLY embalmed 72 hrs LEADING TO DEATH (A) IMMEDIATE CAUSE (This does not mean the mode of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF heart failure, asthenic, etc. It means the disease, Injury or complication which caused death.) regular ANTECEDENT CAUSES before the remains are DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last. iscus (6) No physician was CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A DATE OF OPERATION 19B CONDITION FOR WHICH OPERATION 208, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 20A. AUTOPSY? (Yes of No) (except where the 218 PLACE OF INJURY (e.g., in or about 21C, WHERE DID home, farm, foctory, sheet, office bldg., INJURY OCCUR? 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (Il In Boltimore City, give exact location) MEDICAL DEATH (notify medical examined be obtained (Hous 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR! (Month) (Doy) (Year) OF INJURY Not While While At (APPROX) At Work puo Work 22. I certify that (i) (this hospital) attended the deceased from ond that in (my) (aur) opinion death occurred on the date that (1) (we) lost saw the deceased alive on eath) hospital and hour and from the causes stated above. (1) ((e) (dld) (dld not) view the body after death. must 23A. SIGNATURE 238 DATE SIGNED T Med. Director Attending 0 Phys. approval 0 23C. PHYSICIAN'S NAME (Type) prior 23D. ADDRESS to XXXXX JOHNS HOPKINS HOSPITAL JONES, JOHN M. D was D.O.A. DEGREE 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION pespese (State) REMOVAL (Specify) e 258. NAME OF REGISTRAR 25A. DATE REC'D BY HEALTH DEPT. 25C FUNERAL DIRECTOR ADDRESS 0

BALTIMORE CITY HEALTH DEPARTMENT



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing course of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Beceased wos D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the written approval must be obtained before the remains are embalmed or final disposition is made.

21125	BALTIMORE CITY	HEALTH DEPARTMENT		70 000		
242572 02983	CERTIFICA	TE OF DEATH	REG. NO	72 02983		
	92111107		D HOUR OF DEATH			
Type or Print) Chilson C	0/10-41	3/2	2/72	751		
3. PLACE IN BALTIMORE MARTLAND, WHERE PRONE	DUNCED DEAD	4. USUAL RESIDENCE (Where	deceased lived, If in	stitution; residence before admission)		
		Maryland	IY	002		
FULL NAME OF (IF NOT IN HOSPITAL OR INSTI	C. CITY OR TOWN	In INSI	IDE CITY LIMITS?			
NSTITUTION		Baltimore	0. 11430	YES KIK NO		
The Johns Hopkins Hos	E. STREET AND NUMBER					
The comis hopkins hos	pricar	1720 N. Por	rt Street			
SEX 6. RACE 7. MARRIED	NEVER MARRIED	6. DATE OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Yr. II Under 24 Hrs Months Days Hours Min.		
Female Negro widowei	DIVORCED	4/02/08	63	Wilding Days Hours		
OA. USUAL OCCUPATION (Give kind of work 108, KIND C		11. BIRTHPLACE (State of foreign	gn country)	12 CITIZEN OF WHAT COUNTR		
lone during most of working life, even if refired)		Nonth 1	analina	11/10		
3. FATHER'S NAME	· · · · · · · · · · · · · · · · · · ·	14. MOTHER'S MAIDEN NAM	AE	01.0.00,		
		Jeanette H	Togton			
S. Wes Deceased Ever in U. S. Anned Ferens?	11 6 SOCIAL	17. INFORMANT	ies ter	ADDRESS		
(es, no or unknown) (If yes, give war or dales of service)	SECURITY NO.	-f	K. 10			
IV 0			KINS-19			
18, 199, 0 1	CAUSE OF DEAT	H		APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT		
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  CAMMEDIATE CAUSE Cardio respiratory Arrest					
(This does not mean the mode of dying, e.g		A CONSEQUENCE OF:	1	711753		
heart failure, asthenia, etc. It means the disease, Injury or complication which caused death.)						
ANTECEDENT CAUSES TO TO SEEMING TED CONCEV						
DISEASES OR CONDITIONS, If any, giving DUE TO, OR AS A CONSEQUENCE OF:						
rise to the above cause (A) staling the						
UNDERLYING CONDITION lost. (C)						
Z ONES CONTROLLES CONTROLLES						
O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING F TO THE DEATH BUT NOT RELATED TO THE TERMINAL						
A DISEASE OR CONDITION GIVEN IN PART 1 (A). U 19A. DATE OF OPERATION 19B. CONDITION FOR	WHICH OPERATION	20A-AUTOPSY7 (Yes or No	208, IF YES, WERE	FINDINGS CONSIDERED		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 19E CONDITION FOR WAS PERFORMED		Yes	IN CERTIFYING CA	NO NO		
U 21A. ACCIDENT WAS UNDERLYING 221 OR CONTRIBUTING CAUSE OF	& PLACE OF INJURY Ing.	in or about 21 C. WHERE DID office bidg. INJURY OCCUR?	(If In Baltimor	re City, give exact location)		
DEATH (notify medical examined	e)	nice orași il contra de contra				
	& INJURY OCCURRED	215 HOW DID INJ	URY OCCUR?			
	/hile At No! Whi	10 7		/		
22. I certify that (this hospital) attended		3/	1922 10 3/	23 1977		
	3/1-7	7)	/			
that (we) lost sow the deceased alive on			at in the (out) obt	nion death occurred on the da		
ond hour and from the causes stated above.	(Me) (qtq) (	view the body after death.		TOOD DAYE SICALED		
23A. SIGNATURE ON 1 1. 10	17)	ending Med.	Stoff (VI	23B. DATE SIGNED		
fames 11. angle	DEGREE Phy	ys. L. Director L.	Phys.	3/2472		
23 C. THYSICIAN'S NAME IType)		23D. ADDRESS				
James N. Ingle	M.D.	The Johns H	Hopkins Ho	ospital		
24A. BURIAL CREMATION, 24B. DATE REMOVAL ISpecily)	NAME OF CEMETERY OF CH	REMATORY 24D. LC	CATION (C	ity, town, or county) (Stotel		
Bunial 3-29-7211	At. Calvar	W Comoto A	A Cour	VTV. NIN		
	OF REGISTRAR	25C, FUNERAL DIRECTOR	111.0041	ADDRESS ,		
MAR 24 1972 2866 8	auber M.A.	a Low roubot. 6	lickson	1129N Caraline.		
VS 150-REV. 1/1/68	Sec.	1 2 1 5				



	BALTIMORE CITY HEALTH DEPARTMENT 72 02984 CEDITIE CATE OF DEATH REG, NO. 72 02984					
		TIFICATE OF DEATH REG. NO. 12 02384				
	1. NAME OF DECEASED (Type or Print) BELT. Willie C	3-23-72 3-55 b-M				
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) A, STATE B, COUNTY				
	FULL NAME OF HOSPITAL OR INSTITUTION, GIVE S ADDRESS OR LOCATION)	C CITY OR TOWN!				
	46 LutherAN Hospita. BAITIMORE, Md. 21:	BALTIMORE YES NO				
	/	1501 N. DuKelAND St. 21216				
	S. SEX  6. RACE  7. MARRIED NEVER MA  WIDOWED DIVO	RRIED S. DATE OF BIRTH 9. AGE Un yeors II Under 1 1/6 If Under 24 Hrs. Months Doys Hours Min.				
	10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR done during most of working life, even if refired)					
	Laboran Barather's NAME	Philadelphia, Pa. U.S.A.				
	RANNIE BelT	LAURA Blanton				
	5. Wos Deceased Ever in U. S. Armed Forces? Yes, no or unknown) (If yes, give wor or doles of service)  SECURITY  3 4-16-	NO. INFORMANT				
	5 17 / 6	7567 WELLINGTON BLANTON 2723 OAKLEY AVE				
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	BETWEEN ONSET AND GEATH				
	heart failure, astheria, etc. It means the disease,	TO, OR AS A CONSEQUENCE OF:				
	injury or complication which caused death.)  ANTECEDENT CAUSES	E 2 ngasies.				
	DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS A CONSEQUENCE OF:					
	UNDERLYING CONDITION last. (C)	***************************************				
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL					
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 179A-DATE OF OPERATION 179B. CONDITION FOR WHICH OPERAT WAS PERFORMED	TION 20A. AUTOPSY? (Yes of No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?				
- 11	OR CONTRIBUTION	JURY (e.g., in or obout 23 C, WHERE DID (If In Boltimore City, give exoct location) street, office bidg., INJURY OCCUR?				
	DEATH fnotify medical examined home, farm, factory, etc.)  DEATH fnotify medical examined etc.)	long p				
	21D. TIME (Month) (Doy) (Yeor) (Hour) 21E (NJURY OCCL While A! Work	Not While 21F. HOW D(D (NJURY OCCUR?				
	22. I certify that (1) (this hospital) attended the deceased f					
	The tot the termine deceased dilla du	2 3 19 7 and that in (my) (aur) apinian death accurred an the date				
	and haur and from the causes stated abave. (1) (We) (dld) (c					
	D. J. Karbheri	Aftending Med. Stoff 238, DATE SIGNED 3/23/17				
	NAME (Type) D. S. KAR, BMAK	I 23D. ADDRESS Lutheran Hapital				
1	4A- BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETI	DEGREE  ERY OF CREMATORY   24D. LOCATION (City, lown, or county) (Stote)				
	Kemova 3-27-72	Cymberland, Virginia				
1 2	MAR 2.4 1972 Page & E. Jack	25G. FUNERAL DIRECTOR ADDRESS  MYTON LEK PCK SAN-112AN CARLIND ST-				
IF	S 150-REV. 1/1/68	1 MATON KERPICKSON-112ANLard IND ST-				

Adm 1/67 to N. H

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death be shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BALTIMORE CIT	TY HEALTH DEPARTMENT
72 02985 CERTIFIC	ATE OF DEATH REG. NO. 72 02985
BIRTH NO.	
Tohn F. Manss	2. DATE AND HOUR OF DEATH
	M.   14. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission)
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	A. STATE B. COUNTY
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	Maryland Huns Hyundel
HOSPITAL OR ADDRESS OR LOCATION)	C. CITY OR TOWN  D. INSIDE CITY LIMITS?
LA South BOITIMONT General Hosp.	Brecklyn Park YES NO
73	E. STREET AND NUMBER
	523 Cedar HIII Kord Da
5. SEX 6. RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH  9. AGE (In years If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
/ / WIDOWED DIVORCED	6/24/14 57
10A, USUAL OCCUPATION (Give kind of work) 10B, KIND OF BUSINESS OR INDUSTI	
Stevedore	Maryland U.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
T2006 M0055	Aun2
15. Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL	17. INFORMANT ADDRESS
(Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO.	Dorothy Mooss 523 Cedar Hill Rd.
18. 1/10 CAUSE OF DEA	
1 4 1 0 . 7	BETWEEN ONSET AND DEATH
DÍSEASE OR CONDITION DIRECTLY LEADING TO DEATH	(2) to (n)
(A) IMMEDIATE C	S A CONSEQUENCE OF:
heort foilure, osthenio, etc. It meons the diseose, injury or complication which coused death.)	Jakartim !
ANTECEDENT CAUSES	hal con our
(B)	AS A CONSEQUENCE OF:
rise to the obove couse (A) stoling the	and the state of t
UNDERLYING CONDITION lost. (C)	
Į II	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL    OTHER SIGNIFICANT CONDITION GIVEN IN PART 1 (A).	
DISEASE OR CONDITION GIVEN IN PART 1 (A).	20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	IN CERTIFYING CAUSES OF DEATH?
O   21 A. ACCIDENT WAS UNDERLYING	, in or about 21 C. WHERE DID (If in Baltimore City, give exact location)
OR CONTRIBUTING CAUSE OF home, form, factory, street,	office bldg., INJURY OCCUR?
<u>o</u>	21F. HOW DID INJURY OCCUR?
OF INJURY	
(APPROX.) Work At Wo	rk 📙
22. I certify that (1) (this hospital) attended the deceased from	Jun 1964 1964 to march 24 1972
that (1) (we) last saw the deceased alive an Musch	1 19 22 and that in(my) (our) opinion death occurred on the date
and haur and from the causes stated abaye. (1) (We) (did) (did not	view the bady after death.
23A. SIGNATURE -	23B. DATE SIGNED
P STEEL P	thending Amed. Staff Phys. 3/25/20
23C. PHYSICIAN'S	23D. ADDRESS
NAME (Type)  A NO O T REDA MO.	LOU DOWNING HUNI RAIN MO.
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY or	CREMATORY 24D. LOCATION (City, town, or county) (Stote)
REMOVAL (Specify)	0 + 0 1 - 11
Burial 3/28/12 (eds + 17,11	Cenelory Dillingra 17d.
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR - VEGS FUNERAL MADDRESS TAC.
MAR 24 1972 Pole & Falley # 3.	I WALK FOUT AVENUE
	100, 5

Sall Selection Commit 523 Ection Hill Kend 6/24/14 Maryland 11 5 10 Steve day x Parts 2 Josep Mores yes would be I seed son Britis Mass 523 Colo. HILLS. Spitth Codor #11 Courtery Billran Mil The state of the state of the same

was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such

written approval must be obtained before the remains are embalmed or final disposition is made.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO	72	62	98	6
		10 .4	-	7.

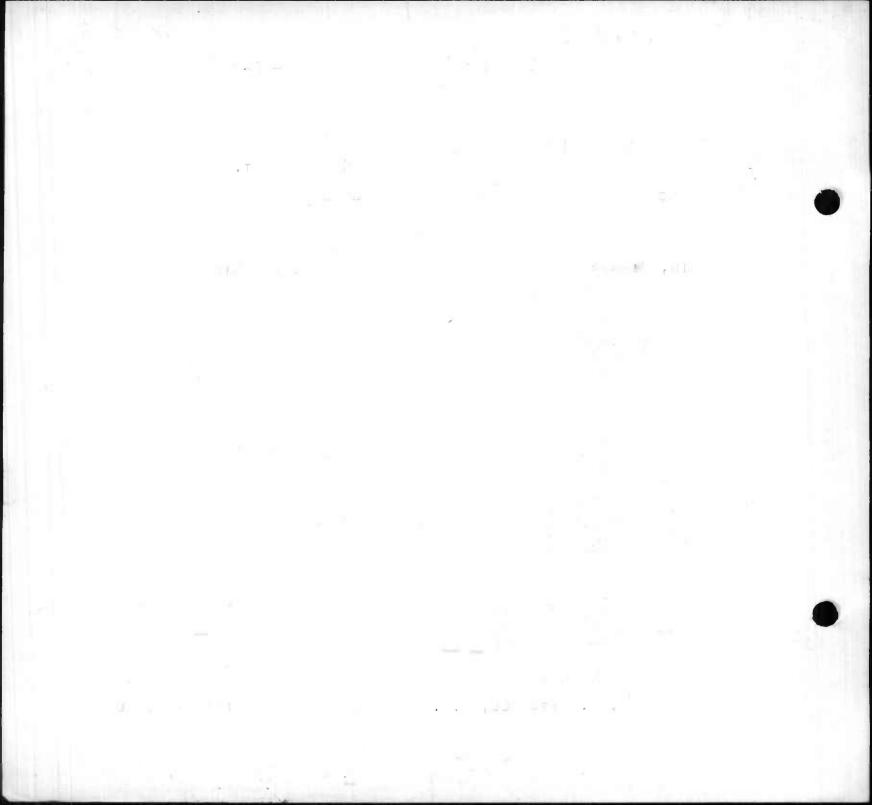
BIR	TH NO. 12 2986	CERTIFICA	TE OF DE	AIH		
	Pe or Print)	2. DATE AND HOUR OF DEATH				
	priaget "Bes		3-24-		5:45 A. M.	
3. PLACE IN BALTIMORE MARYLAND, WHERE PRONOUNCED DEAD  FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) INSTITUTION  1444 Richrdson Street			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE B. COUNTY Id.  C. CITY OR TOWN Baltimore, City E. STREET AND NUMBER			
			Tityty 1	Richard	son Street	
5. 5	F W	RIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRT	1.	AGE (In years	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
1	USUAL OCCUPATION (Give kind of work 10B. KIN  during most of working life, even if retired)  Feeder For Tobac Cottuse Ang		11. BIRTHPLACE	(State or foreign	a 4 d	U. S. A.
	FATHER'S NAME Willian	Ferguson	14. MOTHER'S A	Bridg	et oh	tara
	Was Deceased Ever in U. S. Armed Forces? s,no or unknown) (If yes, give war or dates of sen	security No.	17. INFORMANT	1 STep	hrns 144	ADDRESS Y Richardson ST.
ATION	(This does not mean the mode of dying, heart failure, asthenia, etc. It means the dis injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, grise to the above cause (A) stating UNDERLYING CONDITION tost.  II  OTHER SIGNIFICANT CONDITIONS CONTRIBUT TO THE DEATH BUT NOT RELATED TO THE TERMIDISEASE OR CONDITION GIVEN IN PART 1 (A).  19A. DATE OF OPERATION 198. CONDITION	of pelvic  A CONSEQUENCE  A CONSEQUENCE	organ	20B. IF YES, WERE	10 years	
CERTIFI	1962 WAS PERFORMED Cancer of	IN CERTIFYING CAUSES OF OEATH?  10 o  10 or obout 21C. WHERE DID (If in Boltimore City, give exact location)			AUSES OF OEATH?	
CAL	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	home, form, factory, street, of	ffice bldg., INJURY	OCCUR?		ore City, give exact location;
MEDI	21D.TIME (Month) (Doy) (Year) (Hour) OF INJURY (APPROX.)	While At Not While Work At Work				
	22. I certify that (I) (this haspital) attended that (I) (we) last saw the deceased alive	on3-23-	1972_	ond tho		23— 1972 , Dinion death occurred on the date
	ond hour ond from the couses stoted obo	ve. (I) ( <del>We) (did)</del> (did not) v	riew the body of	tter deoth.		23B, DATE SIGNED
	( Per		ed.	Staff Phys.	3-24-72	
	23C. PHYSICIAN'S NAME (Type) C. C. CHIL		23D. ADDRESS 1 E. F	landall	Street, Ba	altimore, Md.21230
24/	DELLOSCO CO.	New Cathedral	Ceneter	1	Bultime	City, town, or county) (Stote)
254		Sebel Med (	25C. FUNERA	L DIRECTOR	E. Fort	HYTHAY HODRESS IIC.

mile les des de la company de William Fermine " Designer 1911-" He at a completely all the way of the second

VS 150-REV. 1/1/68

-5001	BALTIMORE CITY HEALTH DEPARTMENT	
DED SE	BIRTH NO. 22 2987 CERTIFICATE OF DEATH REG. NO. 72	2987
death death ease n the Suci	1. NAME OF DECEASED 12. DATE AND HOUR OF DEATH	7 70 0
hospital and ise of death (5) Deceased ance on the death. Such	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE IWhere deceased lived. If institutions	3:30 P M
S	FULL NAME OF UF NOT IN HOSPITAL OF INSTITUTION GIVE STREET	1003
2 0	FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)  (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)  D. INSIDE CITY L  BALTIMORE	IMITS?
d in a cause cause atten	THE JOHNS HOPKINS HOSPITAL BALTIMORE YES	№ □
0	341 E 29TH ST.	
rith min min man	S. SEX   G. RACE   7. MARRIED   NEVER MARRIED   8. DATE OF BIRTH   9. AGE (in years list birthdoy) 47   Months   Months   47   Months   47   Months   47   Months   47   Months   47   Months   48   Doys Hours Min.	
con con n re-	10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11), BIRTHPLACE (State of Jacobs Country) 112 CITI	ZEN OF WHAT COUNTRY
death or c Undet as in a dec	Statistician Blue Cross&Shield Shang-Hai, China	
0	13. FATHER'S NAME  14. MOTHER'S MAIDEN NAME	
direct direct direct disponential	MIH, Sibber  MABEL WOO Mih  15. Wes Decessed Eyer in U. S. Armed Forces?   16. SOCIAL   17. INFORMANT	
	15. Wes Deceased Ever in U. S. Armed Ferces? (Yes, no or unknown) (II yes, give war or dotes of service)  no  16. SOCIAL SECURITY NO. 214-30-6593 Mr. Hok Ming Chen	Same
if the any kin ced deced deced deced deced or fina	18. 7 44 4 1 CAUSE OF DEATH	APPROXIMATE INTERVAL
A C T O D	DISEASE OF CONDITION DIRECTLY	BETWEEN ONSET AND DEATH
	(This does not mean the mode of dying e.g., (A)MMEDIATE CAUSE (1) TOC TO THE WILL WILL	24 HK
examiner. 3) A fractu n who pro n regular are emba	heart failure, asthenia, etc. It means the disease, Injury or complication which caused death.]  ATRIAL SOFTAL DEFECT	
xamir kamir A fra who regul	ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, giving  (8) MITRAL TRICUSPED AORTEC UALUEDES,  DUE TO, OR AS A CONSEQUENCE OF:	? YRS
3 0 0 c. 5 m	inse to the above cause (A) stating the	4745
	UNDERLYING CONDITION last. (C) CONGENETAL HEACT DESTASE	114,3
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL  DISEASE OR CONDITION GIVEN IN PART 1 (A).  19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED WAS PERFORMED TO THE DEATH BUT NOT RELATED TO THE THE THE THE THE THE THE THE THE THE	
te chief m by a me 2) Body bu te the ph physician ore the re	DISEASE OR CONDITION GIVEN IN PART 1 (A).  19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 19B. CONDITION FOR WHICH OPERATION 19B. CONDITION CAUSES OF I	CONSIDERED
by by (2) Bo the the the	TECOLO VALUE DISCASE VES IN CERTIFING CAUSES OF IN URY (a.g., in or obout 21 C. WHERE DID (II In Bottimore City, gly)	
	OR CONTRIBUTING CAUSE OF DEATH (nosify medical examines)  21B. PLACE OF INJURY (e.g., in or obout 21C, WHERE DID home, farm, foctory, street, office bldg., INJURY OCCUR?  (II In Boltimore City, give bldg., INJURY OCCUR?	exact tocotion)
Sp.	21D. TIME (Month) (Doy) (Year) (Hour 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR	
e hos naturcept nd (6)	(APPROX.) While At Work At Work	
approved to the hor f any nat il (except il); and (6	22. I certify that (I) (this hospital) attended the deceosed from 3/5 19 72 to 3/23	19 72
H 0	that (1) (we) lost saw the deceased olive an 3/23 19 72 and that in(my) (our) opinion deat and hour and from the causes stated above. (1) (We) (did) (did not) view the bady after death.	h accurred on the date
leased to ident of hospital o death)	2014 (2014 )	SIGNED
a to the	Attending   Med. Stuff   3/2 Phys.   Director   Phys.   3/2	23/72
0 - 0 >	23C. PHYSICIAN'S NAME (Type) W. H. MITCHELL, M.D. THE JOHNS HOPKINS HOSPITA	1
# C 7 7 8	24A. BURIAL CREMATION, 24B. DATE 24C.NAME OF CEMETERY OF CREMATORY 24D. LOCATION (City, town, or	
bod Ms: D.O D.O	Cremation 3-27-72 Greenmount Crematory Baltimore,	Maryland
This certif the body shows: (1) was D.O deceased written a	MAR 2 A 1972 Research of Registrar 25G. Funeral Director H. W. Denkins Sons Co. 490	5 York Rd.

II Under 1 Ye. II Under 24 Hrs. Months Doys Hours Min. 12. CITIZEN OF WHAT COUNTRY? ADDRESS Same APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 24 HR ? YRS DES INDINGS CONSIDERED City, give exact location) ian death accurred on the date 23B, DATE SIGNED PITAL , town, or county) (State) Maryland 25C. FUNERAL DIRECTOR Sons Co. 4905 York



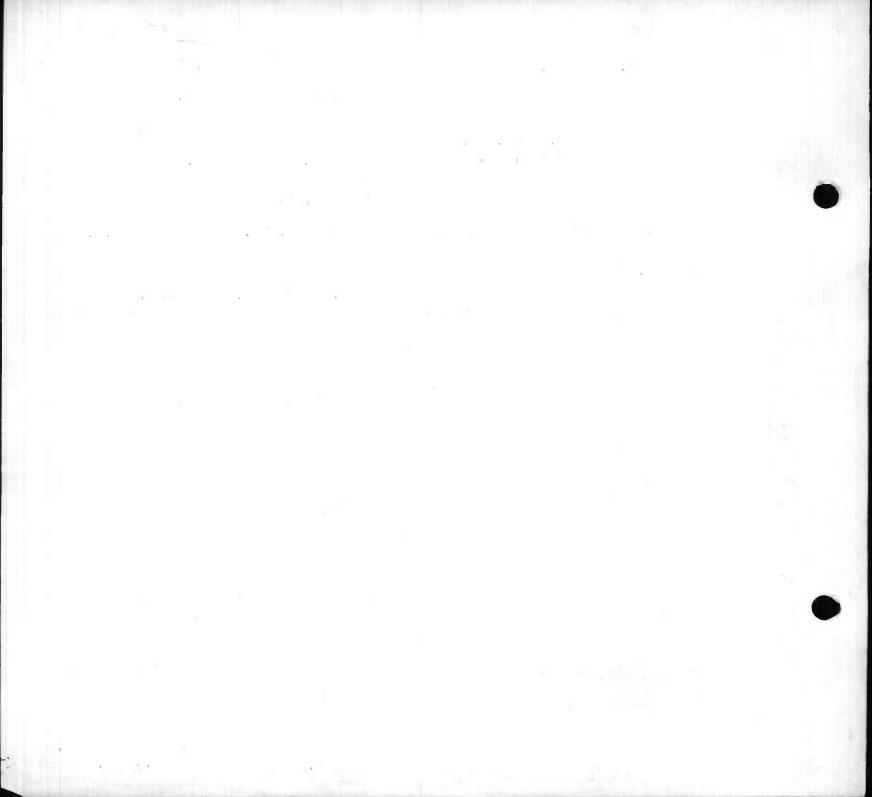
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-		11

00000 MO

## BALTIMORE CITY HEALTH DEPARTMENT

REG.	No	72	02	98	8

BIRTH NO.	2908	CERTIFICA	TE OF DEATH	REG. NO.	12 12388
1. NAME OF DECEASED				ND HOUR OF DEATH	
Mrs.	Grace H. Boy	ven	Ma	rch 23, 19	72 <sub>1</sub> 6:15 P M
3. PLACE IN BALTIMORE,	MARYLAND, WHERE PRO	NOUNCED DEAD	4. USUAL RESIDENCE (Who	ere deceased lived. If ins	titution: residence before admission
HOSPITAL OR AD	NOT IN HOSPITAL OR IN DRESS OR LOCATION)	STITUTION, GIVE STREET	Maryland c. CITY OR TOWN	# · S · F	DE CITY LIMITS?
708	swick		Baltimore	D. INSIL	YES NO
011	700 W. 40th		E. STREET AND NUMBER		ISES NO.
	Baltimore,	Md. 21211	3215 N. Cha	rles St.	
5. SEX 6. RACE	7- MARR	ED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	If Under 1 Ys., If Under 24 His. Manths! Days Hours Min.
F Whi		- Leand	July 14,1891	lost birthdoy) 80	Manths Days Hours Min.
IOA. USUAL OCCUPATION	(Give kind of wark 108, KIN D		11. BIRTHPLACE (Stote or fore	eign country)	12. CITIZEN OF WHAT COUNTRY
done during most of working life Self emp. baby	e, even it refired)   sitter Pana	onal Service	Baltimore, M		
13. FATHER'S NAME	0200011013	OHAT DELATOR	14. MOTHER'S MAIDEN NA		U.S.A
			144 MOTHER'S MAIDEN NA	ame	
David J. Hu			Emma Stinson	1	
(Yes, no or unknown) (If yes,	give war or dates of services	e) 1 6. SOCIAL SECURITY NO.	Mrs. Lealie	H. Paard	ADDRESS
No		216-28-4093	(Keswick)		ney, Australia
18.4131.9	1	CAUSE OF DEATH		324	APPROXIMATE INTERVAL
	ONDITION DIRECTLY	Carolla	0 0	1	BETWEEN ONSET AND DEATH
	G TO DEATH	(A)IMMEDIATE CAU	Wasculer Ken	where	1 wook
heart failure, asthenia	the mode of dying, e elc. It means the disec	DUE TO, OR AS A	CONSEQUENCE OF:		
injury or complication	which coused death.)	Confuel	attoring lassin	1.1.78	
ANTECE	ENT CAUSES	Cerebrat a	GIV ON	Balone De	Lyenn
DISEASES OR CON	DITIONS, if any, giv	ing DUE TO, OR AS	A CONSEQUENCE OF:	George George	- Jean
rise to the above	cause (A) slating	lhe			
ONDEREIMO COND	IIION IOSE	(c)	*****************************		
E ITO THE DEATH BUT NO	II  ONDITIONS CONTRIBUTION  OT RELATED TO THE TERMIN	IG AL			
▼ IDISEASE OR CONDITION	GIVEN IN PART 1 (A).	OR WHICH OPERATION	20A. AUTOPSY? (Yes or No	all 200 IE vec weer et	Nothing Constitution
19A. DATE OF OPERATI	WAS PERFORMED	WHICH OFERMION	No.	IN CERTIFYING CAU	NDINGS CONSIDERED SES OF DEATH?
OR CONTRIBUTING DEATH (notify medical	CAUSE OF THE	21B PLACE OF INJURY (e.g., in home, form, foctory, street, off etc.)	or obout 21C. WHERE DID	(If In Baltimare	City, give exact location)
21 D. TIME (Month) OF INJURY	(Day) (Year) (Hour)	21E INJURY OCCURRED	21 F. HOW DID INJ	URY OCCUR?	
OF INJURY (APPROXI		While At Not While			
		Work L At Work		n.	
	this hospital) attende		ecamer 3	19 20 to Ma	uch 23 19 00
	the deceased alive o		192 and th	at In(my) (suff opini	on death occurred on the date
and hour and from th	e causes stated above	. (1) (We) (did) (did not) vi	ew the body after death.		
23A. SIGNATURE	// 0	0			23B, DATE SIGNED
Wistor	riells In.	M. H. Atten	ding Med.	Staff Phys.	3/24/00
23C. PHYSICIAN'S	1	DEGKEE	3D. ADDRESS	711/3/	0/2//10
MAME (Type)	NIEN IT	M.D.			
24A. BURIAL CREMATION.	24B, DATE   24C	NAME of CEMETERY OF CRES	Keswick	OCATION (C)	
REMOVAL (Specify)	0 /0 = /==		24D. L	OCATION (City,	, tawn, or county) (State)
Burial		Druid Ridge	Pil	kesville,	Md.
25A. DATE REC'D BY HEAL		E OF REGISTRAR	25C. FUNERAL DIRECTOR	Balt	O. MODRESS 222
	972 Valley E	Jaber A.D.	Henry Jenkir	is & Sons 49	05 York Road
VS 150-REV. 1/1/68					



BALTIMORE	CITY	HEALTH	DEPARTMENT

DIDT	H NO.	72 (2	989	CERTIFICA	TE OF DEATH	REG. NO	72 02989
1, N	AME OF D		000		2. DATE	AND HOUR OF DEAT	Н
(Тур	e or Print)	Berna	T. ba	. Brooks	3_	211-72	7,30AM
		ALTIMORE, MAR	YLAND, WHERE	PRONOUNCED DEAD  INSTITUTION, GIVE STREET	4. USUAL RESIDENCE (VA. STATE B. CO	There deceased lived. If UNITY	institution: residence (efore odmission)
HO	L NAME O SPITAL OR TITUTION	ADDRESS	OR LOCATION		C. CITY OR TOWN	D. IN	NSIDE CITY LIMITS?
			sity Hos	spital	Baltimore		YES 🔀 NO
	38			*	E. STREET AND NUMBER		Electrical States
5. S	EX	6. RACE	7	ADDIED TO ALEVED WADDIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. , If Under 24 Hrs.
	M	W	WID	ARRIED NEVER MARRIED DIVORCED DIVORCED	3-22-07	lost birthday)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
		of working life, eve		IND OF BUSINESS OR INDUSTR	11. BIRTHPLACE (State or	oreign country)	12. CITIZEN OF WHAT COUNTRY
	olice			alto. City	Baltimor	e Md.	USA
-	ATHER'S N			aloo. Oloy	14. MOTHER'S MAIDEN	-	0.011
			L. Brook		Margaret	Ken	nedy
15. \ (Yes	Vos Deceos , no or unkno	wn) (If yes, give	Armed Forces? war or dates of s	1 6. SOCIAL A	17. INFORMANT		ADDRESS
	No			215-07-3808	Mrs. Margare	at C Broo	ka (sama)
	1B. ///	A 0 1		CAUSE OF DEA	TH THE THE THE THE THE THE THE THE THE T	50 0, D100.	APPROXIMATE INTERVAL
	DISE	ASE OR COND	ITION DIRECTL	Y			BETWEEN ONSET AND DEATH
		LEADING TO		(A)IMMED)ATE CA	use Mendana	ral in derect	com I for
		nol mean the		, e.g., DUE TO, OR AS	A CONSEQUENCE OF:	- La garaj	1,00
		re, asthenia, etc. complication which					
		ANTECEDENT	CAUSES	Par. la	Li- nolla o color "	ford Ann	110 /200
	DISEASES	OR CONDITIO	ONS il any	giving DUE TO, OR A	S A CONSEQUENCE OF:	neary wine	970
		The obove co		9, , , , ,			
	UNDERLYI	NG CONDITION	N last.	(C)			
		ll.			/	,	
ATION	TO THE DE	ATH BUT NOT RE	LATED TO THE TER	MINAL	Go	uh	20+72
		OF OPERATION	19B. CONDITION	FOR WHICH OPERATION	20A. AUTOPSY? (Yes or		E FINDINGS CONSIDERED
ERTIFIC	0		WAS PERFORME	D	no	IN CERTIFYING C	CAUSES OF DEATH?
U	OR CONTR	DENT WAS UND IBUTING CAU tify medical exam	SE OF	21B. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)	in or about 21 C. WHERE DIC office bldg., INJURY OCCUR	(If in Baltim	nore City, give exact location)
ā	21 D. TIME	(Month) (Do	y) (Yeor) (Hou	1) 21E. INJURY OCCURRED	21F. HOW DID	INJURY OCCUR?	
ME	OF INJURY (APPROX.)			While At Not Wh			
	(AFFROA)			Work At Work			
				nded the deceased fram		1953 to	Mar 2 7 19 72
	that (I) <del>(w</del>	re) last saw the	e deceased all	ve on Mas	13 19 7/ ond	that in (my) (our) o	pinian death accurred on the date
				ave. (1) (We) (did) (did not)			
	23A. SIGNA	TURE					238, DATE SIGNED
		9 11	viale!	The Shall AH	ending Med.	Staff	M 2 / 1600
	23 C. PHYSIC	TANS	The file	believer products on	ys. Director L.  23D. ADDRESS	Phys.	maray 1912
-	NAME	(Туре)	0			7.	
		rederic	k J. Vo	llmer, M. DoegREE	6100 York		
24A	BURIAL C	REMATION, 24B.	DATE	24C. NAME of CEMETERY OF CI	REMATORY 24D	LOCATION	(City, town, or county) (State)
Bu	ırial		/27/72	New Cathedral	Cemetery	Baltimor	e Marwland

2SA. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR Vale E Ta Ben, WAR 24 VS 150-REV. 1/1/6B 1972

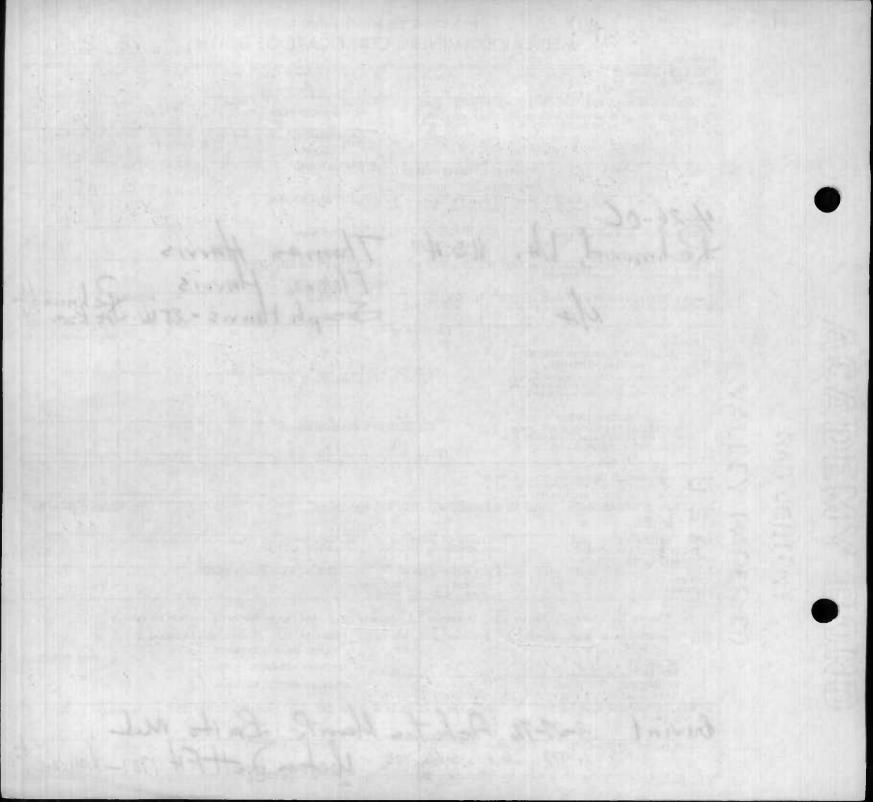
25C. FUNERAL DIRECTOR

ADDRESS York Rd. H.W. Jenkins Sons 4995 Co

THE RESERVE OF THE PARTY OF THE

2000	BALLIMORE CITT HEALTH DEFARIMENT
2990	MEDICAL EVALUEDIC CERTIFICATE OF BEATLE

. 1	BALTIMORE CITY HEALTH DEPARTMENT	0.0000
H620	BIRTH NO.	
	(Type or Print) JOHN H. Harry OF DEATH Estimoted 1 324 72	eor Hour PM.
	FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET PRONOUNCED DEAD  (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)  (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)  (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)  (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)  (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)  (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)  (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)  (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)  (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)  (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	2— 1/20 R.M. ence before admission)
	6. SEX 7. RACE B. MARRIED NEVER MARRIED C. CITY OR TOWN D. INSIDE CITY LIM	1703
	9. DATE OF BIRTH 10. AGE (1 years   1 Under 1 Yr. II Under 24 Hrs.   E. STREET AND NUMBER   Months   Doys   Hours   Min.	NO D
	11. BIRTHPLACE (State or foreign/country) 12. CITIZEN OF WHATCOUNTRY?  13. EATHER'S NAME  WHATCOUNTRY?	2/1
	done during most of working life, even if retired)  A MOTHER'S MAIDEN NAME    NO RE   HAVVIS	$\Omega = 1$
	16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give moder dotes of service)  17. SOCIAL SECURITY NO.  18. INFORMANT  19. Seph Havvis - 25 W.	Stichmond by JACKSON ST APPROXIMATE INTERVAL
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  CAUSE OF DEATH  CAUSE OF DEATH  Fatty alleration	BETWEEN ONSET AND DEATH
	(This does not mean the mode of dying, e.g., heart foilure, asthenia, etc., it means the disease, injury or complication which coused death.)  (A) IMMEDIATE CAUSE   Continue to the course of the disease, injury or complication which coused death.)	***************************************
	ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (B)  DUE TO, OR AS A CONSEQUENCE OF:	
	(C)	
	DISEASE OR CONDITION GIVEN IN PART 1 (A).	AUTOPSY? (Yes or No)
	22B. PLACE OF INJURY(e.g., in or obout 22C. WHERE DID (If in Boltimore City, give exact local home, form, foctory, street, office bldg., etc.) INJURY OCCUR?	tion)
	UTING CAUSE OF DEATH.  22D. TIME (Month) (Doy) (Year) (Hour) 22E, INJURY OCCURRED. OF INJURY (APPROX.) WHILE AT NOT WHILE MT. WORK AT NOT WHILE AT WORK	
	1 certify that i held on Inquiry Inspection Autopsy and that an this basis, death in my opinion	on
	resulted form! Notural causes Accident Suicide Homicide Undetermined manner  ACTUAL  SIGNATURE  ASSISTANT MEDICAL EXAMINER  ASSISTANT MEDICAL EXAMINER	DATE SIGNED
	EXAMINER'S NAME (Type) Werner WSpita MD ASSOCIATE MEDICAL EXAMINER 3	25.72
	24A. BURIAL CREMATION, REMOVAL (Specify)  24B. DATE  24C. NAME of CEMETERY or CREMATORY  24D. LOCATION (City, town, or so  DUNIA)  24D. LOCATION (City, town, or so  DUNIA)	
	25A. DATE REC'D BY HEALTH DEPT.  MAR 24 1972  25B. NAME OF REGISTRAR  LOCATOR DIE F. H. 1701	- houvers



## FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any natures: (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

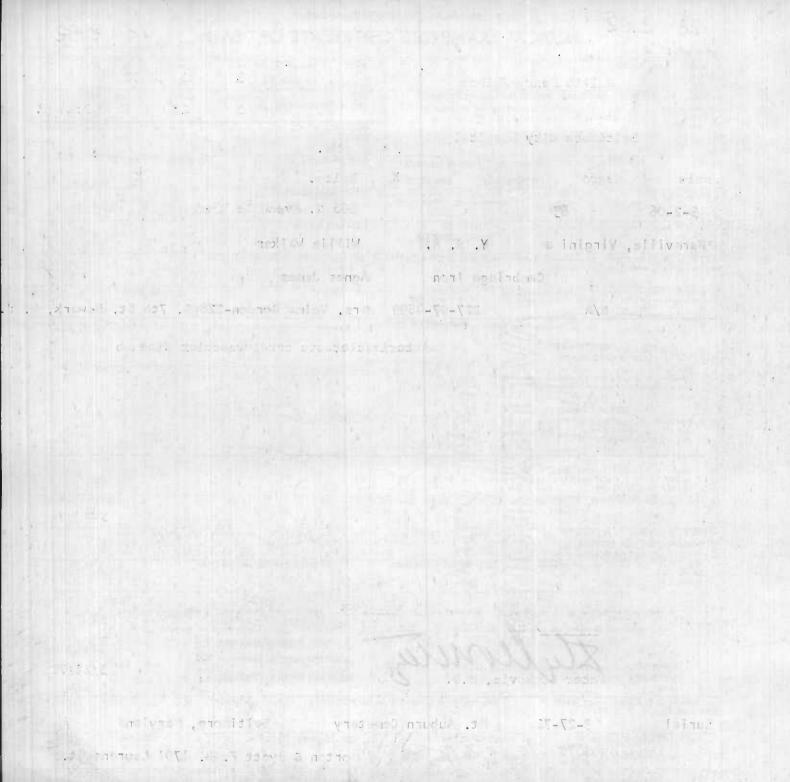
		BALTIMORE CIT	Y HEALTH DEPARTMENT	
BIE	RTH NO. 72 02991	CERTIFICA	TE OF DEATH	reg. No. 72 (12991
	NAME OF DECEASED	Solollo F	SALOUA 2. DATE AND	HOUR OF DEATH 4-72
3.	PLACE IN BALTIMORE, MARYLAND, WHE		4. USUAL RESIDENCE (Where A. STATE B. COUNT	deceased lived. It institution; residence before admission)
H	JLL NAME OF (IF NOT (N HOSPITAL OSPITAL OR ADDRESS OR LOCATIC	OR (NSTITUTION, GIVE STREET	C. CITY OR TOWN	J. INSIDE CITY LIMITS?
6	Pros. 029 mis	en.	Boltine.	YES NO
	Langue Labore	N.	E. STREET AND NUMBER	clou St
5. 5	7- 01	DOWED DIVORCED	8. DATE OF BIRTH	AGE (In yours If Under 1 Y., If Under 24 Hrs., Months Doys Hours Min.
104	LUSUAL OCCUPATION (Give kind of work 108		11. AIRTHPLACE (State or foreig	in country) 12. CITIZEN OF WHAT COUNTRY?
	ne during most of working life, even if rettred)		Horne Hrund	let Md U.S.A
130	FATHER'S NAME		14. MOTHER'S MAIDEN NAM	ie /
15.	Was Deceased Ever in U. S. Armed Forces?	S 16. SOCIAL	HANGE HOU	ADDRESS C. T
(Ye	s,na or unknown) (If yes, give war ar dates of	service) SECURITY NO.	Alma Pands	126-2015-N. Realts To.
	18. 4/2, You	CAUSE OF DEAT	H	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OF CONDITION DIRECT	LY	Acarı	D / P / T
	(This does not maon the mode of dyi heart failure, asthenia, etc. It means the	g. e.g., DUE TO, OR AS	A CONSEQUENCE OF:	D W/ CHT J
	injury as camplication which caused dea	h.)	Pour	m-044
	ANTECEDENT CAUSES	(B)	A CONSEQUENCE OF:	
	DISEASES OR CONDITIONS, if any, rise to the above cause (A) sia UNDERLYING CONDITION last.	ing the (C)	A CONSEQUENCE OF:	
-	- 11			
CERTIFICATION	OTHER SIGNIFICANT CONDITIONS CONTRI	MINAL		
FICA	DISEASE OR CONDITION GIVEN IN PART 1	N FOR WHICH OPERATION	20A. AUTOPSY? (Yes of No.)	20B. IF YES, WERE FINDINGS CONSIDERED
ERT	WAS PERFORA			IN CERTIFYING CAUSES OF DEATH?
MEDICAL C	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21 B. PLACE OF INJURY (e.g., i hame, form, factory, street, of etc.)	n or obout 21 C. WHERE DID	(If in Boltimare City, give exact location)
LEDI	21D. TIME (Month) (Doy) (Yeor) (H	20	21F. HOW DID INJU	RY OCCUR?
2	(APPROX.)	While At At Work		
	22. I certify that (1) (this hospital) at			
				in(my) (our) opinion death occurred an the date
	and hour and from the causes stated	bove. (1) (We) (dld) (dld not) v	lew the body ofter deoth.	
	23A/SIGNATURE WE	I Plane	nding Med. S	toff 238. DATE SIGNED
	23C. PHYSICIAN'S NAME (Type) M - G M & RC	A	23D. ADDRESS	
24A	BURIAL CREMATION, 1248, DATE	24C. NAME OF CEMETERY OF CRE	MATORY . 24D/LO	CATION (City, Jown, or county) (Stote)
1	PREMOVAL (Specify) 3-28.7	At Huburn	1 am Da	1to md =
25A	DATE REST A PLANEALTHOPMS (25)	NAME OF REGISTRAR	25C, FUNERAL DIRECTOR	1701- Appless ales S
	TO THE LOCK OF		1 Vaul Deuts	Morton & Dujett
V5	150-REV. 1/1/6B		. ,	,

Anna Hayaydal, Wed U.S H Amere Howard Aloren Lound lake 2015 - 12 Benila Burial 3-26th Athen Com Late 1918

## 72 12992 BALTIMORE CITY HEALTH DEPARTMENT 72 12992

BIRTH NO		MED	ICAL	EXAMINER 3	EKIIFI	LATE OF	DEAT	REG. NO.		2002
1. NAME OF DECEASED						KnownXX	Manth	Doy	Year	Hour
(Type or Print)					2. DATE OF	Estimoted	3	23	72	
Willie Henry Walker  4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD				DEATH 3. DATE	Estimoted [7]	Manth	Doy	Year	Hour :	
FULL NAME	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)			PRONOL	NCED DEAD	3	23	72	3:24 p .M.	
OR INSTITU		more C	it <b>y</b> Ho	spital	A. STATE	SIDENCE (When		ed. If institution B. COUNTY	n: residence b	efare admission)
6. SEX	7. RACE		B. MARRII	ED NEVER MARRIED	C. CITY OR			D. INSIDE C	ITY LIMITS?	
male	Neg	gro	WIDOWI	Ah	Ba1	to.		Y	ES 🗀	No 🗆
9. DATE O	F BIRTH	10. AGE (I	yeors	If Under 1 Yr. If Under 24 Hrs.	E. STREET A	ND NUMBER	7714			
5-2	2-06	last bigthda	v) '	l l l	665	N. Avend	lale Ro	ad		
11. BIRTHP	LACE (State or fore	ign country)	1	2. CITIZEN OF	13. FATHER'	SNAME				
Farm	ville, Vi	rgini a		WHAT COUNTRY?	Will	ie Walke	r			
AA.USUAL	OCCUPATION (G	ive kind of work	14B. KIND	OF BUSINESS OR INDUSTRY	15. MOTHER	S MAIDEN NA	ME			
done doring	most of warking life, e	even ii remed)	Cambr	idge Iron	Agnes	James				
16. WAS D	ECEASED EVER IN	U.S. ARMED	FORCES?	17. SOCIAL SECURITY NO.	IB. INFORM	ANT	-4-1-	A	DDRESS	
(1 00, 110 01 0	N	/A	or service,	227-07-4899	Mrs.	Velma Go	rdon-22	28 S. 7	th St.	Newark, N.
19.	41241			CAUSE OF DEA	тн					PROXIMATE INTERVAL
/	DISEASE OR CON	DITION DIRE	CTLY	Arter	ioscler.	otic care	liovasc	ular di		
	LEADING T			(A)IMMEDIATE C		otic car	LOVASC	arar ar	Scasc	
(This	does nat mean the t failure, osthenio, e	e mode of dy	Ing, e.g.,	DUE TO, OR	AS A CONSEQ	UENCE OF:	teraderium dürücün sürnüseskirilik salandlarilik ülünülerilik saland			
Injur	y ar camplication wh	nich coused de	ath.)							
	ANTECEDEN	TCALISES		(1)						
DISE	ASES OR CONDIT	TIONS, IF ANY	, GIVING	DUE TO, OR	AS A CONSEC	UENCE OF:	~~~~~~~~~			***************************************
UNI	TO THE ABOVE CONDI		TING THE	(-)						
2			DOM:	(C)						
HTO H	ER SIGNIFICANT CO	II ONDITIONS C	ONTRIBUTI	NG						
<u>∪</u> 10 1	HE DEATH BUT NO	T RELATED TO	THE TERMIT							~~~~~~~~~~~~~
20 A. D				OR WHICH OPERATION W	AS PERFORM	ED			21. AUTO	PSY? (Yes or No)
5	/									yes
Z 22A.	EXTERNAL CAUSI	E WAS	2	2B. PLACE OF INJURY(e.g.,	in ar about 2	2C. WHERE DID	(If in Boltimor	re City, give ex	oct location)	
0110	RLYING OR COL	NTRIB-	ŀ	ome, farm, factory, street, affic	e bldg., etc.) Iî	NJURY OCCUR?				
≥ 22D. OF IN.		(Day) (Yea	r) (Hour)			2F. HOW DID IN	JURY OCCI	JR?		
(APPRO					WHILE ORK					
23.										
	I certify that I	held an I	nquiry _	Inspection Au	topsy XX	and that an	this basis,	death In my	apinion	
	resulted fram:	Natural cau	ses XX	Accident Suicle		mlcide 🗌		ned manner		
		11	//	10111	(	HIEF MEDICAL	EXAMINER			DATE SIGNED
	CTUAL IGNATURE	XU	· //	1 VUllan	ASSIS	TANT MEDICAL	EXAMINER	枢		
		eter 1	nkovi	c, M.D.	ASSO	CIATE MEDICAL	EXAMINER			3/24/72
N	AME (Type)		-64041							
24A. BURIA REMOVAL		24B. DATE	111	24C. NAME of CEMETERY	or CREMATO	RY 24D	LOCATION	(City, tow	n, or county)	(Stote)
Buria		3-27-7	72	Mt. Auburn Co	emetery	E	Baltimo	re, Mar	yland	
	REC'D BY HEALTH		25B. NA	ME OF REGISTRAR		UNERAL DIREC			ADDRESS	
	MAR 9 A	1972	(Valent	2 22 20	Mor	ton & Dve	tt F	H 1701	Laure	ns St.

VS 151-REV. 1/1/6B



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BALTIMORE CITY HEALTH DEPARTMENT REG. NO. 72 02993 72 02993 CERTIFICATE OF DEATH BIRTH NO. 2. DATE AND HOUR OF DEATH I. NAME OF DECEASED (Type or Print) 23-72 USUAL RESIDENCE (Where deceased lived. If institution: residence 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) FULL NAME OF HOSPITAL OR INSTITUTION D. INSIDE CITY LIMITS? ALTIMORE NO YES X MEMORIAL UNION E. STREET AND NUMBER AVENUE ECHO DALE mad 9. AGE (In years lost birthdoy) If Under 1 Yr. II Under 24 Hrs. Months! Doys Hours Min. 5. SEX 6. RACE B. DATE OF BIRTH 7. MARRIED X NEVER MARRIED WIDOWED DIVORCED 10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? disposition done during most of working lile, even il retired) AMERICAN Houseurf 14. MOTHER'S MAIDEN NAME WEGNER IGNA TOWS KI Was Deceased Ever in U. S. Armed Forces ADDRESS 1 6. SOCIAL final (Yes, no or unknown) (If yes, give war or dotes of service) SECURITY NO. KROLCZYK CAUSE OF DEATH APPROXIMATE INTERVAL 0 1B. BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY med ARREST LEADING TO DEATH (A) IMMEDIATE CAUSE (This does not mean the made of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF emba heart failure, asthenia, etc. It means the disease, injury or camplication which coused death.) MOLTIPLE ANTECEDENT CAUSES are DUE TO, OR AS A CONSEQUENCE OF DISEASES OR CONDITIONS, if any, V. TACH and FIBRILLATION rise to the above cause (A) stating the FPISC DES before the remains UNDERLYING CONDITION last. CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A) 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 20 A. AUTOPSY? (Yes or No) 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 218 PLACE OF INJURY (e.g., in or obout 21 C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (If In Boltimore City, give exoct location) MEDICAL etc.) DEATH (notily medical examiner) obtained 21 D. TIME (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCURRED 21 F. HOW DID INJURY OCCUR? OF INJURY While At [ Not While (APPROX.) Work At Work 2-27 22, I certify that (1) (this haspital) attended the deceased fram 23 that (1) (we) last saw the deceased alive an. and that in (my) (aur) apinian death occurred an the date pe and have and from the causes stated abave. (1)-(We) (did) (did nat) view the bady after death. must 23 B. DATE SIGNED 23A. SIGNATURE Attending [ Staff Phys. Director approval 23D. ADDRESS 23 C. PHYSICIAN'S NAME (Type) 24A. BURIAL CREMATION, 24B. 24D. LOCATION (City, town, or county) (Stote) REMOVAL (Specily)

VS 150-REV. 1/1/68

FUNERAL DIRECTOR

Table - North THION YENGKIRL HOSPITAL LAST THE THE Houseaster SHAREST PERMIT PHUL MENT TOWN STATE OF THE PROPERTY AND THE PARTY OF THE The second of th A STATE OF THE STATE OF STATE HEARING MAY AN ME TOUTH AT A STATE OF THE WHO I SHOW WASHING HE WAY Early 3677 M. Showed without Dinker the Markey 

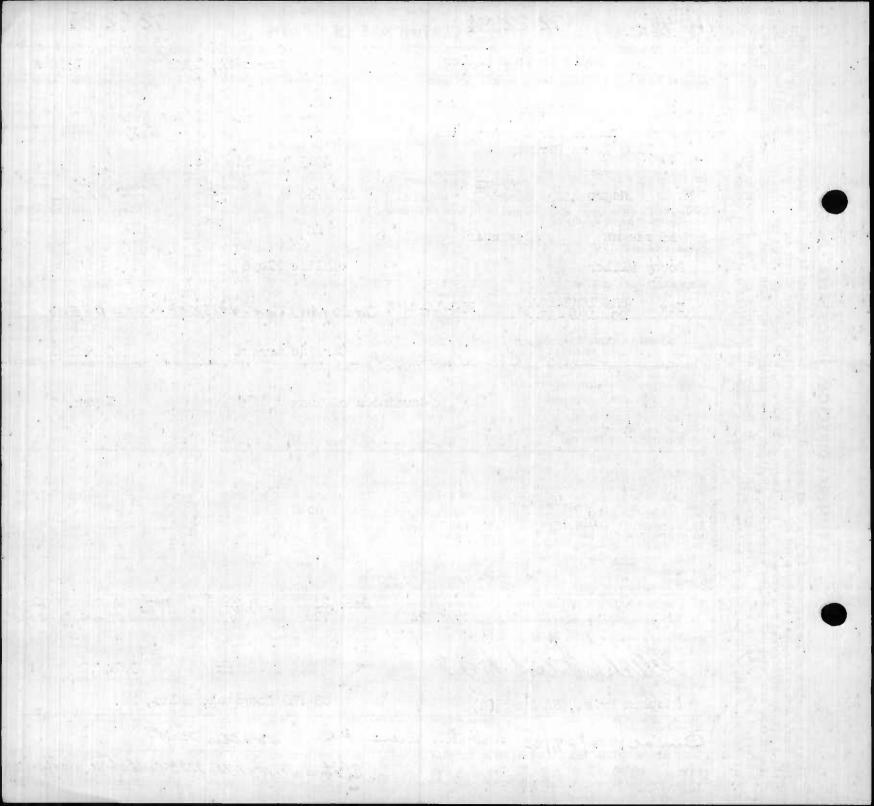
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was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

170	00000	BALTIMORE CITY HEALTH DEPARTMENT
12	02994	CERTIFICATE OF DEATH

EG.	NO.	72	02994

ERRITIO.  LAMAN OF DECASED  A. FLACE IN BALTIMORE, MANYAND, WHERE PRODUCED DEAD  LIVAM OF DECASED  LIVAM OF DECASED  LIVAM OR DECASED  LIV	BORN NO.    PARK FOR HOW FOR MARINAND. WHERE FRONDUNCED DEAD   PARK FOR HOW FOR MARINAND. WHERE FRONDUNCED DEAD   PARK FOR HOW FOR MARINAND. WHERE FRONDUNCED DEAD   PARK FOR HALLMOOR MARINAND. WHICH OPERATION DEAD   PARK FOR HALLMOOR MARINAND. WHICH OPERATION DEAD   PARK FOR HALLMOOR MARINAND. WHICH OPERATION DEAD   PARK FOR HALLMOOR MARINAND. WHICH OPERATION DEAD   PARK FOR HALLMOOR MARINAND. WHICH OPERATION DEAD   PARK FOR HALLMOOR MARINAND. WHICH OPERATION DEAD   PARK FOR HALLMOOR MARINAND. WHICH OPERATION DEAD   PARK FOR HALLMOOR MARINAND. WHICH OPERATION DEAD   PARK FOR HALLMOOR MARINAND. WHICH OPERATION DEAD   PARK FOR HALLMOOR MARINAND. WHICH OPERATION DEAD   PARK FOR HALLMOOR MARINAND. WHICH OPERATION DEAD   PARK FOR HALLMOOR MARINAND. WHICH OPERATION DEAD   PARK FOR HALLMOOR MAR		M-460 72 02		HEALTH DEPARTMENT		72 02994		
Carrier   Continue   Carrier   Car	Type of Parked   Eddie Sampson Miller	BIR		CERTIFICA	TE OF DEATH	REG. NO	12 02004		
## A STATE ## A COUNTY OF THE PROPERTIES OF THE	FULL NAME OF ARTHUR ONES ON HOSPITAL OR INSTITUTION, GIVE STREET AND NUMBER  US PUBLIC Health Service Hospital  STREET AND NUMBER  3100 Wyman Parkway  2. SER (*ARCE   *MARRED   NIVER MARRED   NO   E. STREET AND NUMBER  (*ARCE   *MARRED   NIVER MARRED   NIVER MARRED   NO   E. STREET AND NUMBER  (*ARCE   *MARRED   NIVER MARRED   NIVER M		Eddie Sampson	n Miller	Ma	rch 24, 1972			
Discrete And Number    Source    South   County   Co	3.	***	· *	A. STATE B. COL	here decoosed lived. If in JNTY	stitution: residence boforo admission)			
31.00 Wyman Parkway    E. Street and number   49.13 Cordelia Ave.	3.100 Wyman Parkway    S. SEK   S. RACE   A. MARRIED   S. DATE OF BITH   A. DATE OF BITH   A. DATE OF BITH   A. DATE OF BITH   B. DATE OF	FU HC IN	STITUTION		C. CITY OR TOWN	D. INSII	DE CITY LIMITS?		
4913 COrdelia Ave.  5. SEK  6. RACE  M Negro  Negro  Negro  New Describing with 12 Action of Divorce of 11 /8 /26  M Negro  Negro  New Describing with of the Second of th	S. SEX   S. RACE			Hospital			YES NO .		
M Negro   Months: Days   Moors   M Negro WDOWED DIVORCED 11/8/26 (sat similarly) Months; Days Monn, Months; Days M	0	3100 Wyman Parkway			delia Ave.				
IDAL DE COLUMN TO MANDE ILLAND OF BUSINESS OR INDUSTRY   11. BIRTHPLACE (State or foreign country)   12. CITIZEN OF WHAT COUNTRY done during met of working life, even if refired)   AB Seaman   Seafarer   14. MOTHER'S MADIEN NAME   LETCY MILLER	Table   Discrete   Death   D	5. 5	Mark Mark	INEVER MARKIED			If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.		
AB seaman Seafarer  I3. FATHER'S NAME  LEOV Miller  I5. Wes Decessed Eve in U. S. Amod Forces? It's no or unknown of use, give way or date of service)  Yes USN 1942-1946  CG 1946-1948  CAUSE OF DEATH  DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (This does not mean the mode of dying, e.g., heart folius, a shine), e.g., in in most hand disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, it ony, giving is so to the above cause (A) stoling the UNDERLYING CONDITION lost.  OTHER SIGNIFICANT CONDITION OS CONTRIBUTING  TO THE DEATH BUT NOT RELATED TO THE TERMINAL  OTHER SIGNIFICANT CONDITION FART I (A).  WAS PERFORMED  (C)  20. A ACCIDENT WAS UNDERLYING CONDITION FOR WHICH OPERATION OF CONTRIBUTING CAUSE OF DEATH  DISEASE OR CONDITION (S) it ony, giving is so to the above cause (A) stoling the UNDERLYING CONDITION TO THE TERMINAL  OTHER SIGNIFICANT CONDITION OF THE TERMINAL  OTHER SIGNIFICANT CONDITION OF THE TERMINAL  OTHER SIGNIFICANT CONDITION OF THE TERMINAL  OTHER SIGNIFICANT CONDITION OF THE TERMINAL  OTHER SIGNIFICANT CONDITION OF THE TERMINAL  OTHER SIGNIFICANT CONDITION OF THE TERMINAL  OTHER SIGNIFICANT CONDITION OF THE TERMINAL  OTHER SIGNIFICANT CONDITION OF THE TERMINAL  OTHER SIGNIFICANT CONDITION OF THE TERMINAL  OTHER SIGNIFICANT CONDITION OF THE TERMINAL  OTHER SIGNIFICANT CONDITION OF THE TERMINAL  OTHER SIGNIFICANT CONDITION OF THE TERMINAL  OTHER SIGNIFICANT CONDITION OF THE TERMINAL  OTHER SIGNIFICANT CONDITION OF THE TERMINAL  OTHER SIGNIFICANT CONTRIBUTING CONTRIBUTING CAUSE OF DEATH  OTHER SIGNIFICANT CONTRIBUTING CAUSE OF THE TERMINAL  OTHER SIGNIFICANT CONTRIBUTION OF THE TERMINAL  OTHER SIGNIFICANT CONTRIBUTING CAUSE OF THE TERMINAL  OTHER SIGNIFICANT CONTRIBUTION CONTRIBUTION CONTRIBUTION CONTRIBUTION CONTRIBUTION CONTRIBUTION CONT	AB SEGMEN  AB SEGMEN  AB SEGMEN  ABORES'S MANKE  LETY MILLER  13. FATHER'S NAME  LETY MILLER  14. MOTHER'S MAIDEN NAME  LILLIE FLOYD  15. Wes Decessed Ever in U. S. Armed Forces?  15. Wes Decessed Ever in U. S. Armed Forces?  16. SOCIAL  SECURITY NO.  20. 14. 6484  DET. S. MATT. LET4913 COR DELTE BUF.  CAUSE OF DEATH  DISEASE OR CONDITION DIRECTLY  LEADING TO DEATH  (A)MMEDIATE CAUSE  DISEASES OR CONDITIONS, if any, giving inse to the above cause (A) stoling the UNDERLYING CONDITION Ost.  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, giving inse to the above cause (A) stoling the UNDERLYING CONDITION Iss.  (B) CATCINOME Of Lung  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING (C).  (C) CAUSE OF DEATH  (C) CAUSE OF DEATH  (A)MMEDIATE CAUSE  (B) CATCINOME Of Lung  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING (C).  (C) CAUSE OF DEATH  (C) CAUSE OF DEATH  (C) CAUSE OF DEATH  (B) CATCINOME OF LUNG  (C) CAUSE OF DEATH  (C) CAUSE OF DEATH  (C) CAUSE OF DEATH  (B) CAUSE OF DEATH  (C) CAUSE OF DEATH  (C) CAUSE OF DEATH  (B) CAUSE OF DEATH  (C) CAUSE OF DEATH  (C) CAUSE OF DEATH  (B) CAUSE OF DEATH  (C) CAUSE OF DEATH  (D) TO CONTRIBUTING CAUSE OF DEATH  (C) CAUSE OF DEATH  (C) CAUSE OF DEATH  (D) THE DEATH AND NOT RELATED TO THE TERMINAL  (D) CAUSE OF DEATH  (D) THE DEATH OF CAUSE OF DEATH  (C) CAUSE OF DEATH  (D) THE DEATH OF CAUSE OF DEATH  (D) THE DEATH OF CAUSE OF DEATH  (D) THE DEATH OF CAUSE OF DEATH  (D) THE DEATH OF CAUSE OF DEATH  (D) THE DEATH OF CAUSE OF DEATH  (D) THE DEATH OF CAUSE OF DEATH  (D) THE DEATH OF CAUSE OF DEATH  (D) THE DEATH OF CAUSE OF DEATH  (D) THE DEATH OF CAUSE OF DEATH  (D) THE DEATH OF CAUSE OF DEATH  (D) THE DEATH OF CAUSE OF DEATH  (D) THE DEATH OF CAUSE OF DEATH  (D) THE DEATH OF CAUSE OF DEATH  (D) THE DEATH OF CAUSE OF DEATH  (D) THE DEATH OF CAUSE OF DEATH  (D) THE DEATH OF CAUSE OF DEATH  (D) THE DEATH OF CAUSE OF DEATH  (D) THE DEATH OF CAUSE		USUAL OCCUPATION (Give kind of work 108. KINE			preign country)	12. CITIZEN OF WHAT COUNTRY?		
14. MOTHER'S MAME   14. MOTHER'S MAIDEN NAME   15. MOTHER'S NAME   15	13.   14. MOTHER'S MANE   14. MOTHER'S MAIDEN NAME   15.   16. SOCIAL   17. INFORMANT   17. INFORMANT   18.   18.   19	don		farer	NC		USA		
16. SOCIAL SECURITY NO.   17. INFORMANT   17. INFORMANT   17. INFORMANT   18.   19	S. Wos Decessé Ever in U. S. Armod Forces?   16. SOCIAL   17. INFORMANT   18.   19	13.			14. MOTHER'S MAIDEN N	AME			
Canter   C	Continue of the property of		Leroy Miller		Lillie Fl	oyd			
18. / CAUSE OF DEATH  DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (This does not meen the mode of dying, e.g., heart failure, cathenia, etc. It means the disease, injury or complication which coused death.)  ANTECDENT CAUSES  DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) sloting the UNDERLYING CONDITION SONTHIBUTING TO THE DEATH BUT NOT RELATED TO THE ERMINAL DISEASE OR CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  10 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  11 (9A. DATE OF OPERATION PAS PERFORMED OR CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTION CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTION CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTION CONTRIBU	18.	1S. (Ye	s, no or unknown) (If yes, give war or dotes of servi-	SECURITY NO.					
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Sliam Jun MD OFGREF Phys. Director Phys. Shoff 12 3/24/72	Attending Med. Director 3/24/72  23C.PHYSICIAN'S Phys. SA Surg (R)  23D. ADDRESS  Stephen Frist, SA Surg (R)  24A. BURIAL CREMATION, 24B. DATE  24C. NAME of CEMETERY of CREMATORY  REMOVAL (Specify)  3/24/72  23D. ADDRESS  US PHS Hospital, Balto, Md.  24A. BURIAL CREMATION, 24B. DATE  24C. NAME of CEMETERY of CREMATORY  REMOVAL (Specify)  3/29/72  24D. LOCATION (City, town, or county)  (Stoto)			o. (1) (We) (did) (did hot) v	iew the body ofter death	1.	DATE SIGNED		
	23C. PHYSICIAN'S NAME (Typo) Stephen Frist, SA Surg (R)  23D. ADDRESS  US PHS Hospital, Balto, Md.  24A. BURIAL CREMATION, REMOVAL (Specify) 3/29/72 arbutur were. PK.  123D. ADDRESS  US PHS Hospital, Balto, Md.  24D. Location (City. town, or county) (Stoto)  Removal (Specify) 3/29/72 arbutur were. PK.		Which Ital		nding Med.	Staff Fy			
23 C. PHYSICIAN'S	Stephen Frist, SA Surg (R)  24A. BURIAL CREMATION, REMOVAL (Specify)  3/29/72  Carbutur Well. PK.  Stephen Frist, SA Surg (R)  US PHS HOSPITAL, Balto, Mid.  24D. LOCATION (City. town, or county) (Stoto)  Removal (Specify)  3/29/72  Carbutur Well. PK.								
Stephen Frist, SA Surg (R)   US PRS ROSpital, Balto, Md.	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, or county) (Stoto)  Burial 3/29/72 arbutus were. PK. Batta, Wed.		Stephen Frist, SA Surg	(R)	US PHS H	lospital, Balt	to, Md.		
DEGREE  24A. BURIAL CREMATION, 24B. DATE   24C. NAME of CEMETERY of CREMATORY   24D. LOCATION (City, town, of county) (Stoto)	Burial 3/29/12 arbutu men. PK. Batte, Med.	24/							
Burial 3/29/12 arbutun men. PK. Botts. Med.	UND O A 1070 O. C. & B. B. R. D. C. Chatman 7. 64-1701 M. Culloh St. Kalto. U.			arbutun men	PK. /				
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR	UNDO A 1079 O. C. C. R. B. C.	25/		ME OF REGISTRAR	2SC. FUNERAL DIRECT	OR CONTRACTOR	a CO ADDRESS AT 1		
MAR 21 1979 P. G. E. E. Ball M.D. O Capatoran 7. 64-1701 M. Cullon St. 1816. Ul	V\$ 150-REV. 1/1/6B	Ve		BEL MED. O O O	Copatoran 7.6	T-1701 ME	Culloa St. 1800. Ug		



	3-452		HEALTH DEPARTMENT	REG. NO.	72 02995			
1	TH NO. 72 029	95 CERTIFICA	TE OF DEATH	KEO. 110	1330			
	DE OF Print			HOUR OF DEATH				
L	BLANKS MR.	HECTOR THOM		24.197	2 13:00 A.M.			
	PLACE IN BALTIMORE, MARYLAND, WHERE PI		A. STATE B. COUNTY	deceosed lived. If in	stitution: residence before admission			
H	LL NAME OF (IF NOT IN HOSPITAL OR I ADDRESS OR LOCATION)	NSTITUTION, GIVE STREET	C. CITY OR TOWN	D. INSI	DE CITY LIMITS?			
	55		BALTIMORE		YES NO			
	CHURCH HOME + HOSP	MAL	E. STREET AND NUMBER					
IL	O1,10,000,000		1707 E. FAI	RMOUNT				
5.	A W MAK	RIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH 12 - 2) - 92	AGE (In years birthdoy)	Il Under 1 To Il Under 24 Hrs. Months! Doys Hours Min.			
104	. USUAL OCCUPATION (Give kind of work 10 B. KIN	D OF BUSINESS OR INDUSTRE	11. BIRTHPLACE (State or foreign	countryl	12. CITIZEN OF WHAT COUNTRY?			
dos	e during most of working life, even if retired)	TADIER	Manual Clari	1116				
13.	FATHER'S NAME	ARMER	NORTH CAROL		u.s.A.			
			14. MOTHER'S MAIDEN NAME					
	RE JOHN BLANKS		SARAH BELL					
15. (Ye	Wos Deceased Ever in U.S. Armed Forces? s,no or unknown}(If yes, give wor or dotos of son	lce) SECURITY ND.	17. INFORMANT		ADDRESS			
	1/4	727 40 600	TEVADER DUR	DEN	SAME			
	18.44.27 9	CAUSE OF DEATH			APPROXIMATE INTERVAL			
	DISEASE OF CONDITION DIRECTLY		•		BETWEEN ONSET AND DEATH			
	LEADING TO DEATH	ALL BANKEDIATE CALL	SE Cerbo va Scular	Accident)	12 DAYS			
	1This does not meon the mode of dying, heart failure, asthenia, otc. It means the dis-	C.C. DUE TO OR AC	CONSEQUENCE OF:	7,-00-00-	12 0790			
	injury or camplication which caused death.)	ease,						
	ANTECEDENT CAUSES APTERIOS CHEROSIS CENERALIZED MICH.							
	DISEASES OR CONDITIONS, if any, g	ving DUE TO, OR AS	A CONSEQUENCE OF:		THING TEN.			
	rise to the above cause (A) stating UNDERLYING CONDITION last.	IN						
	ONDERLING CONDITION last	(c)	*******************************					
z	OTHER SIGNIFICANT CONDITIONS CONTRIBUT	NO.						
5	TO THE DEATH BUT NOT RELATED TO THE TERM!	NAL						
5	DISEASE OR CONDITION GIVEN IN PART 1 (A),	FOR WHICH OPERATION	[20 A. AUTOPST? (Yos or No)]	20B. IF VES WEDE E	INDINGS CDNSIDERED			
ERTIFICATION	WAS PERFORMED			IN CERTIFYING CAL	JSES OF DEATH?			
CE	21A. ACCIDENT WAS UNDERLYING	21B. PLACE OF INJURY (e.g., in	or obout 21 C. WHERE DID	(II to Boltimore	City, give exect lecetion)			
CAL	OR CONTRIBUTING CAUSE OF DEATH Inotify medical examined	home, form, foctory, street, offi	ce bidg., INJURY OCCUR?	pr in common	City, give exect leconon;			
응								
MEDI	OF INJURY	While At Not While	21F. HOW DID INJUR	Y OCCUR?				
	IAPPROX.I	Work At Work						
	22. I certify that (1) (this hospital) attended the deceased from MARCH 12 1972 to MARCH 24 1972							
	that (!) (we) last sow the deceased alive	on MARCH 24	19 72 ond that	in (my) (our) apin	nion death occurred an the date			
	and haur and from the causes stoted above. (1) (We) (did) (did not) view the body after death.							
	23A. SIGNATURE				23B, DATE SIGNED			
	Ma- Euna V. Mangay	M.D Atten	ding Med. Sto	# P	3-24-72			
	23C. PHTSICIAN'S	DEGREE Phys.	Director L Plm 3D. ADDRESS	ys. —	0 1 /-			
	NAME (Type)	As. Mh		01.	1000 = 400 0103 ·			
24A	BURIAL CREMATION, 1248, DATE 124	C. NAME OF CEMETERT OF CREE	MATERY 1240 LDC	DACITI	MORE, MD 21231			
	REMOVAL (Specily)		MAIDE 24D. LDC	AHON (Cil	(Stotel			
25	20KIAL 3/27/721	IN MILL CENTER	ROB	INSENICO.	UNTY N.C			
25 A	MAR O A 10/2	ME OF REGISTRAR	25C. FUNERAL DIRECTOR		ADDRESS			
	11111111111111111111111111111111111111		O 1665 FINER	AL HORKE	LUMBERTON N.C.			

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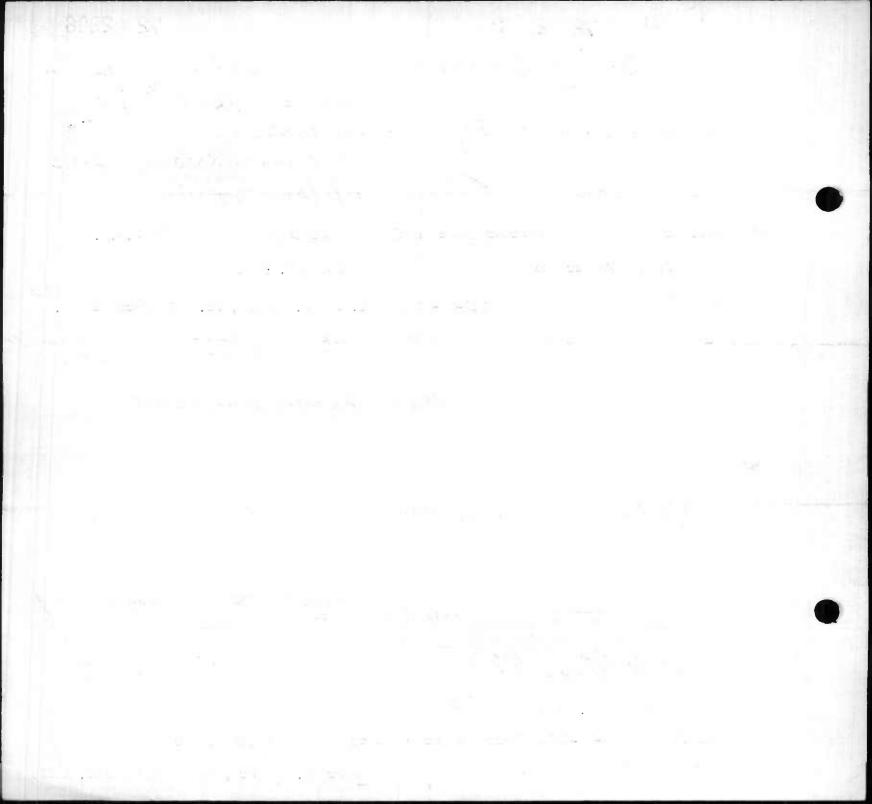
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s: (1)
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

B	D-250 72 029	96		HEALTH DEPARTMENT	REG. NO	72 02996		
1,	NAME OF DECEASED  Print)  OXZON	Doa	OTHY JONES	2. DATE	AND HOUR OF DEATH	1 1540 A		
3	PLACE IN BALTIMORE, MARYLAND, WHER	E PRONOI			nere deceased lived. If in	stitution: residence before admission)		
F	ULL NAME OF OSPITAL OF ADDRESS OR LOCATION	OR INSTITU	UTION, GIVE STREET	MARYLAND	ANNEAR	UNDEL		
	SINAI HOSPITAL	OF (	BALTIMORE	C. CITY OR TOWN  ARNOLD  D. INSIDE CITY LIMITS?  YES  NO [A]				
	42			E. STREET AND NUMBER	VIEW ROAD	21012		
5.	L CAUC	AARRIED [	2 THE TER MARKED	8. DATE OF SIRTH	9. AGE (in years fast birthday)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.		
10 de	A. USUAL OCCUPATION (Give kind of work 10B, ne during most of working life, even if refired)	KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or fo	reign country)	12. CITIZEN OF WHAT COUNTRY		
	Cashier	artei	House Motel	Maryland		U.S.A.		
13	FATHER'S NAME			14. MOTHER'S MAIDEN NA				
15		man		Alice R.	Pool			
1100	Wos Deceosed Ever in U. S. Armed Forces? 25,00 or unknown) (If yes, give war or doles of NO	service)	16. SOCIAL SECURITY NO. 213-24-2295	Mr. Roy E. Do:	xzon, Jr. 807	ADDRESS 21012 Riverview Rd.		
	18./83,01		CAUSE OF DEATH			APPROXIMATE INTERVAL		
	DISEASE OR CONDITION DIRECT	SYMPTOMATIC						
	(This does not mean the made of dying	ıg, e.g.,	(A) IMMEDIATE CAUS DUE TO, OR AS A	SE CARLINO CONSEQUENCE OF:		x 5 Mos.		
	injury ar camplication which caused death.)							
	DISEASES OR CONDITIONS, il any, giving  (B) MUCINOUS ADENOCARCINOMA (R) OVARY  DUE TO, OR AS A CONSEQUENCE OF:							
	DISEASES OR CONDITIONS, if any, rise to the above cause (A) state UNDERLYING CONDITION last.	giving ing The		A CONSEQUENCE OF:		######################################		
	11							
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 [A].							
ERTIFIC	19A. DATE OF OPERATION 1108 COMPLETO	N FOR W	A	20A. AUTOPSY? (Yes of N	o) 208, IF YES, WERE F	NDINGS CONSIDERED SES OF DEATH?		
CER	121 A. ACCIDENT WAS IINDESTRING		PLACE OF INJURY 10.94 in	or about 21 C. WHERE DID				
ICAL	DEATH Inofity medical examines   hame, form, foctory, street, office bldg., INJURY OCCUR?							
MEDI	21 D. TIME (Month) (Doy) IYeor) (Ho OF INJURY (APPROX.)		Mot While	21F. HOW DID IN	JURY OCCUR?			
	22. 1 certify that (1) (this hospital) attended the deceased from OAN 19 12 ta MARCH 23 19 72							
	that (1) (we) last saw the deceased alive an MARCH 23 19 72 and that in (my) (aur) apinian death occurred on the date							
	and have and from the causes stated above. (1) (We) (did) (did not) view the bady after death.							
	Basignature Menny	M.	Atten			3/23/72		
	DANIEL BAKI	94	M.D. 23	D. ADDRESS				
24/	BURIAL CREMATION, 248. DATE		ME of CEMETERY OF CREA	AATORY 24D. L	OCATION ICity	, town, or county) (State)		
	urial   3-27-1972	Lorr	aine Park Ceme	etery Wo	odlawn, Mary			
	MAR 24 1972	NAME OF	REGISTRAR	Howard f. Hut		ilkens Ave. 21229		
VS	150-REV. 1/1/68							



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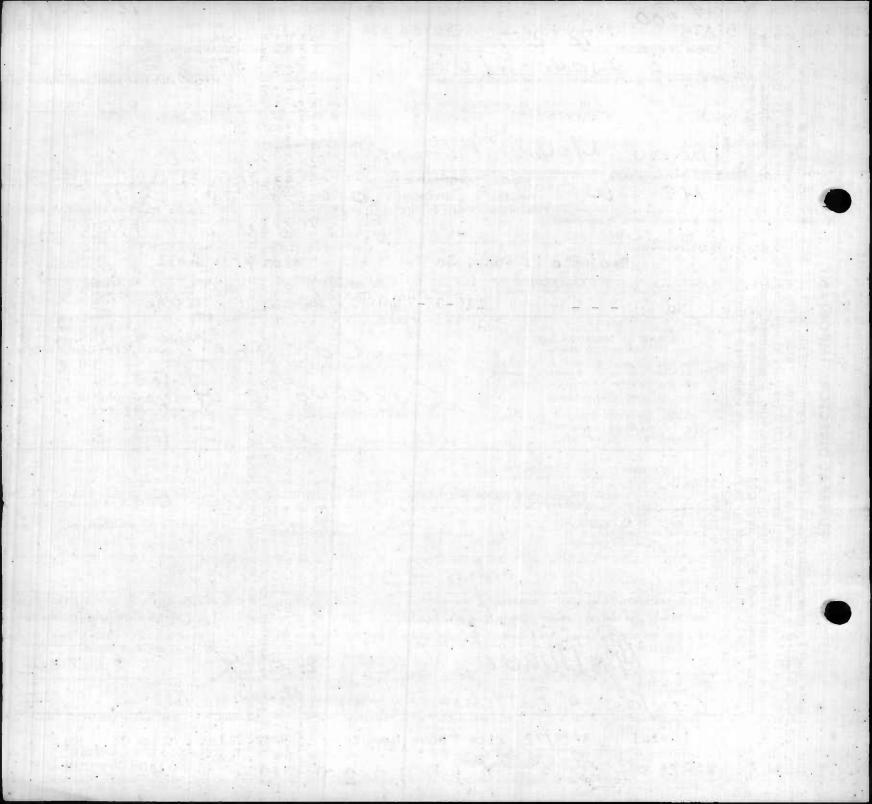
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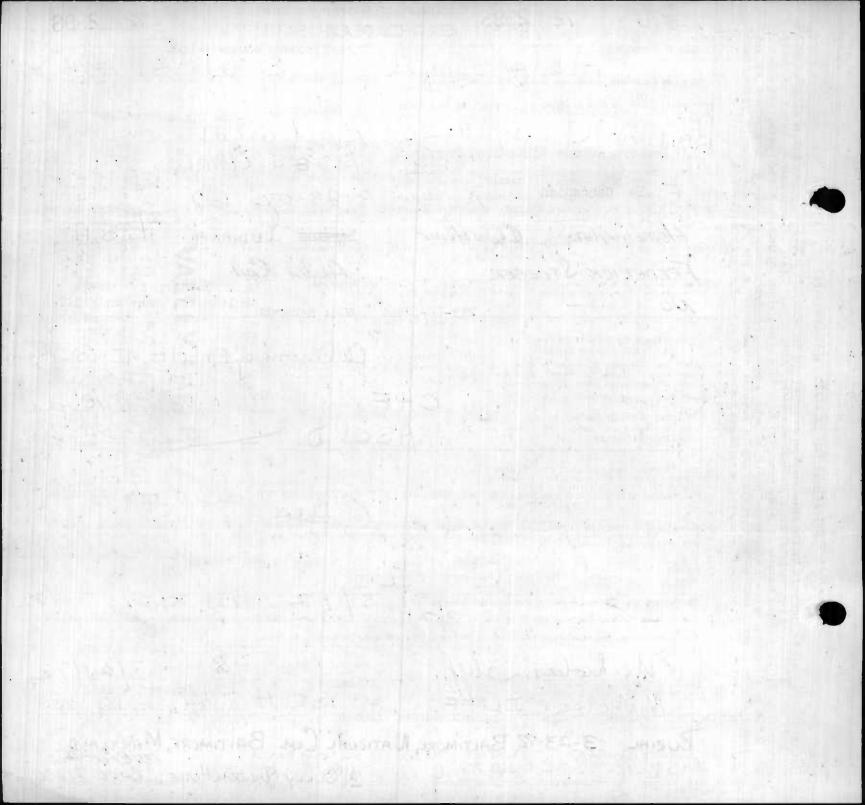
contributing

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH BIRTH NO I. NAME OF DECEASED 2 DATE AND HOUR OF DEATH (Type or Print) 23/72 4. USUAL RESIDENCE (Where deceased lived. Il institution: residence before admission) 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD HARS/AUI (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) FULL NAME OF D. INSIDE CITY LIMITS? INSTITUTION YES 🖂 BAITIMOR NO E. STREET AND NUMBER MGR is made If Under 1 Yr. If Und S. SEX 6. RACE 8. DATE OF BIRTH 9. AGE (In years If Under 24 Hrs. NEVER MARRIED 93 7. MARRIED lost birthday WIDOWED DIVORCED 10A USUAL OCCUPATION Give kind of work IOR KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? disposition done during most of working life, even if retired} 435113 13. FATHER'S NAME 4. MOTHER'S MAIDEN NAME Benjamin F. Fuss, Sr Nina G. Gossell 15. Was Deceased Ever in U. S. Armed Forces? 17. INFORMANT ADDRESS 6. SOCIAL (Yes, no or unknown) (If yes, give war or dates of service) fina SECURITY NO. -03-7840 No CALISE OF DEATH APPROXIMATE INTERVAL 0 BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY med LEADING TO DEATH (This does not mean the made of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF emba heart failure, asthenia, etc. It means the disease. injury ar camplication which caused death.) ANTECEDENT CAUSES are DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS A CONSEQUENCE OF rise to the obave cause (A) stating the UNDERLYING CONDITION lost remains CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A) the 20 A. AUTOPSY? (Yes or No) 208, IF YES, WERE FINDINGS CONSIDERED 19A. DATE OF OPERATION 1198, CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? before 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID OR CONTRIBUTING CAUSE OF (If in Boltimore City, give exact location) home, form, foctory, street, office bldg, INJURY OCCUR? DEATH (notify medical examined etc. 21D. TIME OF INJURY obtained (Month) (Day) (Year) (Hour) 21 E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? Not While While At [ (APPROX.) 22 22. I certify that (1) (this haspital) attended the deceased from 2 -1972 that (I) (we) last saw the deceased alive an... and that in (my) (aur) aplatan death accurred an the date pe and haur and fram the causes stated abave. (1) (We) (did) (did nat) view the body after death. must 23A. SIGNATURE 23B, DATE SIGNED Attending [ Med. Staff Phys. Phys/ approval Director L 23C. PHYSICIAN'S 23D. ADDRESS NAME (Type) 100 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, or county) (Stote) REMOVAL (Specify) written Burial 3/27/ Pine Grove Cemetery Rayville Bal to Co., Md. 25A. DATE REC'D BY HEALTH DEPT. 258 NAME OF REGISTRAR 25C. RUNERAL DIRECTOR Roland Avenue

Such death. attendance 0 prior regular deceased the uo ance attend 5 gu re physician Was physician the where å 9 (except and eath) hospital Ö 0 0 prior to D.O.A. eceased Mas VS 150-REV. 1/1/68



		1_300 72 0299	BALTIMORE CITY	HEALTH DEPARTMENT	+	אסחסח פל			
1	1		CERTIFICA	TE OF DEATH	REG. NO.	72 02998			
1		H NO.  AME OF DECEASED 1 / 1			HOUR OF DEATH				
		e or Print)	11000	3/3	1157	113145			
	2 0	LACE IN BALTIMORE, MARYLAND, WHERE PROP	LLOV Q	4. USUAL RESIDENCE (Where		tion: residence before admission)			
	3. P	LACE IN BALTIMORE MARTLAND, WHERE PROT	TOUNCED DEAD	A. STATE B. COUNTY	1	7 7			
	FUL	L NAME OF (IF NOT IN HOSPITAL OR INS	TITUTION, GIVE STREET	Md		2501			
	IN S.	SPITAL OR ADDRESS OR LOCATION)	11	C. CITY OR TOWN) 6. D. INSIDE CITY LIMITS?					
	IR	altimore Lity	HOSP.	BAITIMI	ORO YE	s A NO			
	Ti	940 Eastern Avenue Baltimo	re, Maryland	E. STREET AND NUMBER	-11-10-	21230			
			21221	172982. C	HARLES	21,			
	5. SI	TIARRII	ED NEVER MARRIED		AGE (In years If	Under 1 Yr. If Under 24 Hrs. onths Doys Hours Min.			
		-emale Chucasian WIDOW	ED DIVORCED	8-28-07	69				
		USUAL OCCUPATION (Give kind of work 108, KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or foreign	country) 12	2. CITIZEN OF WHAT COUNTRY?			
	done	during most of working lile, even it retired)	well me	Answer Tues		11.50			
	13. F	HOMEMAKEE UL	JN HUME	14. MOTHER'S MAIDEN NAME	DIANA	7.0.11			
		- 0		0 0					
		FREDERICK STUEBER	2	HUNA KAL	4				
		Vos Deceased Ever in U. S. Armed Forces? ,no or unknown) (If yes, give wor or dotes of servic	1 6. SOCIAL SECURITY NO.	The state of the s	940 Eastern I				
		NO -	213-28-6290T	BCH: Records B	altimore, Ma	ryland 21224			
		18.///01/1	CAUSE OF DEAT			APPROXIMATE INTERVAL			
		DISEASE OF CONDITION DIRECTLY				BETWEEN ONSET AND DEATH			
		LEADING TO DEATH	(A) IMMEDIATE CAU	solly money	FMholis	Mr 30min			
		(This does not mean the made of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF:							
		heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)							
		ANTECEDENT CAUSES (B) CHF							
		DISEASES OR CONDITIONS, if any, giving  DUE TO, OR AS A CONSEQUENCE OF:							
3		rise to the obave couse (A) stoling UNDERLYING CONDITION tost.	the AS	CVD		>10 rus			
		TI (C)							
2	z	O THER SIGNIFICANT CONDITIONS CONTRIBUTING							
0		TO THE DEATH BUT NOT RELATED TO THE TERMIN.			***************************************	******			
0		DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 19B. CONDITION FO	R WHICH OPERATION	20A. AUTOPSY? (Yes or No)	208. IF YES, WERE FIND IN CERTIFYING CAUSES	DINGS CONSIDERED			
	ERTIFIC	2 / WAS PERFORMED		UDA	IN CERTIFYING CAUSES	S OF DEATH?			
	U	21A. ACCIDENT WAS UNDERLYING	21 B. PLACE OF INJURY (e.g., i	n or obout 21 C. WHERE DID	(If in Boltimore Ci	ly, give exoct location)			
U			home, lorm, foctory, street, o etc.)	fice bldg., INJURY OCCUR?					
3	2		21E. INJURY OCCURRED	21F. HOW DID INJUR	N OCCIID?				
0	2	OF INJURY	While At Not While		(TOCCOR.				
5		(APPROX.)	Work At Work						
		22. I certify that (this hospital) attended the deceased from 3 / 2 1972 to 3/2/1972.							
b		that (1) (wet last saw the deceased alive a	n 3/2/	19:72 ond that	in (my) (our) opinior	n deoth occurred on the date			
2		ond hour ond from the couses stated obove	. (1) (We) (did) (dld not) v	lew the body after deoth.					
2		23A. SIGNATURE	5 .0		23	B. DATE, SIGNED			
		Metholas July proper Director Phys. Staff 3/21/73							
3		23C. PHYSICIAN'S							
2									
7	244	N(Cholas LLiff DEGREE V Baltimore, Maryland 21224  24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, or county) (Stote)							
3	ZAA	REMOVAL (Specify)	ANAME OF CENTETERS OF CR	A 240. LOC	LA	lown, or country (Store)			
D		BURIAL 3-23-72 T	BALTIMORE WAT	TIONAL LEM BA	ALTIMORE, MI	ARYLAND			
	25A	ADO A 1075 () DEPT. 258. NAV	E OF REGISTRAR	25C. FUNERAL DIRECTOR	., 13	ARYLAND BOCFAPPHAVE			
3	IAI	W 74 1916 ABOUT C. 18405	5000	MYOULDV FUNG	PALITUME	BALTO, 21230			
	VS	150-REV. 1/1/6B		-					



72 02999 BALTIMORE CITY	HEALTH DEPARTMENT					
MEDICAL EXAMINER'S	CERTIFICATE OF DEATH REG. NO. 72 02999					
1. NAME OF DECEASED  (Type or Print) AT DEPORT FOR COLUMN TO SERVICE OF THE SERVI	2. DATE Known  Month Doy Yeor Hour					
ALBERT F. COLLINS  4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	DEATH Estimoted Month Doy Year Hour					
OS PALL CALORES CALOCADOM SPITAL OR INSTITUTOR CHYPETERS	PRONOUNCED DEAD March 22, 1972 10:45 A					
SOUTH BALTO, GENERAL HOSPITAL (DOA)	5. USUAL RESIDENCE (Where deceosed lived, if institution: residence before admission) A. STATE Maryland B. COUNTY					
6. SEX 7. RACE B. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE CITY LIMITS?					
Male White WIDOWED						
9. DATE OF BIRTH 10. AGE (In years of both birthdoy) 10. AGE (In years of both birthdoy) 10. AGE (In years)	Ain.					
11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF	1309 Marshall Street					
WHAT COUNTRY?						
West Virginia 114A. USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDU	John L. Collins STRY 15: MOTHER'S MAIDEN NAME					
done during most of working life, even if retired)  Gen. Contractor  Self Employed	Ollie Riddle					
16. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL	18. INFORMANT 13.ADDRESS + inca Street					
(Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO.	Albert F. Collins, In. Balto. Nd. 21230					
19. 4 CAUSE OF	DEATH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH					
DISEASE OR CONDITION DIRECTLY Subarachnoid hemorrhage						
LEADING TO DEATH  (A)IMMEDIATE CAUSE						
(This does not mean the mode of dying, e.g., heart failure, osthenia, etc. It means the disease, Injury or complication which coused death.)	OR AS A CONSEQUENCE OF:					
ANTECEDENT CAUSES (8) Rupt	ure of aneurysm of circle of willis					
DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO,	OR AS A CONSEQUENCE OF:					
RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)						
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING						
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DEFECTOR CONDITION CONTRIBUTED TO THE TERMINAL						
TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION	J WAS PERFORMED 21. AUTOPSY? (Yes or No)					
	yes					
UNDERLYING OR CONTRIB. home, form, foctory, street,	e.g., in or obout 22C. WHERE DID (If in Boltimore City, give exact location) office bldg., etc.) INJURY OCCUR?					
22D. TIME (Month) (Doy) (Yeor) (Hour) 22E.INJURY OCCURRED 22F. HOW DID INJURY OCCUR?  OF INJURY (ABBROX)						
m. WORK AT WORK						
I certify that I held on Inquiry Inspection Autopsy ond that on this basis, death in my opinion						
resulted from: Natural couses 🗵 Accident 🗌 Sy						
1 11///	CHIEF MEDICAL EXAMINER DATE SIGNED					
SIGNATURE / MANAGEMENT	M.D. ASSISTANT MEDICAL EXAMINER					
EXAMINER'S Dana 14 N Kanah Jum M D	ASSOCIATE MEDICAL EXAMINER 3/22/72					
24A, BURIAL CREMATION, 24B, DATE 24C, NAME of CEMET						
REMOVAL (Specify)						
25A DATE REC'D BY HEALTH DEPT.   25B. NAME OF REGISTRAR	Memorial Park Howard County, Maryland					
MAR 24 1972 Robert & Faller 1872	Mc ully Funeral Nome Balto. Md. 21230					
VS 151 PEV 1/1/AR						

- 1. Marriage certificate--License No.289--dated 8/6/61 in Baltimore City Albert F.Collins married Georgie M.Johnson
- 2. Certified statement from Clerks of Circuit Court of Balto. City and Circuit Court No.2 of Baltimore City, respectively, that their records do NOT disclose that an application for divorce was filed therein by any of the parties noted above in "l".

SMN

## IMPORTANT FUNERAL DIRECTOR:

was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows; (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death

VS 150-REV. 1/1/68

1	2 2 >			BALTIMORE CITY	HEALTH DEPARTA	MENT	Mark Company	
DIK	-530 TH NO.	72 0300	00	CERTIFICA	TE OF DEA	ATH REG. NO	72 03000	
	AME OF DECEASED	HENRIETTA		R. SM	TTH 2.	March 23, 1972		
3.	PLACE IN BALTIMORE, A	MARYLAND, WHERE	RONO	UNCED DEAD	4. USUAL RESIDEN	ICE (Where deceased lived, If B. COUNTY	institution: residence before admission)	
	LL NAME OF (IF N	OT IN HOSPITAL OR	INSTIT	UTION, GIVE STREET	Maryland		2005	
	SPITAL OR ADD	RESS OR LOCATION)			Baltimore		SIDE CITY LIMITS? YES X NO \( \bigcircle{\text{NO}} \)	
1	tb Luther	an Hospital			E. STREET AND NO 2229 W. I	UMBER Pratt Street		
S. S	Female Whi		RRIED		8. DATE OF BIRTH 7-19-188	9. AGE (In years last birthday) 85	If Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.	
			ND OI	BUSINESS OR INDUSTRY	11. BIRTHPLACE (Sta	ite or foreign country)	12. CITIZEN OF WHAT COUNTRY	
	e during most of working life, letired		LflE	mployed	Mar	yland	U.S.A.	
13.	FATHER'S NAME				14. MOTHER'S MAI	DEN NAME		
	Franklin	Scott	h		Ida	Scott		
is. (Ye	Was Deceased Ever in U s,no or unknawn) (If yes, g	. S. Armed Forces? ive war or dates of se	rvice)	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS 21223	
	No			218-32-3484	Mrs. Mildr	ed Schilling, 2	229 W. Pratt Street	
	18.437,41	4256000	9	CAUSE OF DEATH	1	,	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
	DISEASE OF CONDITION DIRECTLY CELEBRACE CIOCAL MOUTE							
	(This does not mean the made of dying, e.g.,  (A) IMMEDIATE CAUSE  DUE TO, OR AS A CONSEQUENCE OF:							
	heart lailure, asthenia, etc. II means the disease, injury or camplication which caused death.)							
	ANTECEDENT CAUSES OF CENTER Solvering Spice					I been.		
	DISEASES OR CONT	DITIONS, if ony,	giving	DUE TO, OR AS	A CONSEQUENCE O	PF;		
	rise to the above UNDERLYING CONDI		g the	(c)				
		11		(6)				
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).							
ERTIFIC	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20 A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?							
CALC	21A. ACCIDENT WAS I	CAUSE OF	218 hon etc.	B. PLACE OF INJURY (e.g., i ne, farm, foctary, street, of )	n or obaut 21 C. WHER fice bldg., INJURY O	RE DID (If in Soltim	ore City, give exact location)	
EDI	21D. TIME (Month) (Day) (Year) (Haur) 21E, INJURY OCCURRED				21 F. HOW	DID INJURY OCCUR?		
2	(APPROX.)  While AI Not While Work  At Work						4.	
	22. I certify that (I) (this hospital) attended the deceased fram 19 72 to March 19 12							
	that (1) (we) last saw the deceased alive an 3/2 and that in (my) (aur) apinian death accurred an the date							
	and haur and fram the causes stated abave. (I) (We) (did) (did nat) view the bady after death.							
	23A. SIGNATURE	0					238. DATE SIGNED	
		10-1	1	DEGREE Phy	nding Med. Direct	lor Staff Phys.	13/24/72	
	NAME (Type) Ge	orge	Vasl	n	23D. ADDRESS 206 S.	. Gilmor Street,	, Baltimore, Md.	
24/	BURIAL CREMATION.	24B. DATE	24C.N	AME of CEMETERY of CRI	MATORY	24D. LOCATION (	City, town, ar county) (State)	
	REMOVAL (Specify) Burial	3-27-1972	We	stern Cemeter	7	Baltimore, Ma	ryland	
25/	. DATE REC'D BY HEAL			OF REGISTRAR	25C. FUNERAL I		ADDRESS	
N	AR 24 1972	Valent E, Van	Ben	, M. D.	Howard I	H. Hubbard, 4107	Wilkens Ave. 21229	

